04/15/2008 13:05

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 03 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 04 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons [®] D D 0 1 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 932940.54 January 1 (b) Cash on Hand at 932940.54 Begining of Reporting Period 583404.47 583404.47 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1516345.01 1516345.01 6(a) and 6(c) for Column B) 264159.04 264159.04 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1252185.97 1252185.97 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

М М

To:

3^D1

2008

0.00

0.00

583404.47

583404.47

0 1

Write or Type Committee Name

Report Covering the Period:

Political Action Committee of the American Association of Orthopaedic Surgeons

м N 0 1

From:

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 523485.00 523485.00 (i) Itemized (use Schedule A) 42681.68 42681.68 (ii) Unitemized (iii) TOTAL (add 566166.68 566166.68 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 566166.68 566166.68 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 7347.02 7347.02 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 9890.77 9890.77 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)

0.00

0.00

583404.47

583404.47

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	12159.04	12159.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	12159.04	12159.04
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees	252000.00	252000.00
Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
O. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from School de US)		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	264159.04	264159.04
2. Total Federal Disbursements (cubtract Line 31(a)(ii) and Line 30(a)(iii)		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	264159.04	264159.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	ributions/Operating nditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions from Line 11(d), p	s (other than loans) age 3)	566166.68	566166.68
34. Total Contribution (from Line 28(d)) .	Refunds	0.00	0.00
35. Net Contributions (subtract Line 34 f	other than loans) rom Line 33)	566166.68	566166.68
	rating Expenditures and Line 21(b))	12159.04	12159.04
37. Offsets to Operation (from Line 15, page	ng Expenditures e 3)	7347.02	7347.02
38. Net Operating Exp (subtract Line 37 f	enditures rom Line 36)	4812.02	4812.02

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 325 (check only one) X
or for commercial purposes, other than using	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Evan K Bash, , MD		Date of Receipt
Mailing Address Premier Orthopaed One Med Ctr Boule		01 08 2008
City	State Zip Code	Transaction ID: 27124638
Upland FEC ID number of contributing	PA 19013	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Premier Ortho & Sports Med	Occupation Orthopaedic Surgeon	
Assoc Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Theodore Firestone, , MD	-	Date of Receipt
Mailing Address The Joint Replacem 10250 N 92nd St	nent Center of Sc	01 08 7 2008
City	State Zip Code	Transaction ID: 27124639
Scottsdale	AZ 85258-4510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer JRCS	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald M Carn, , MD		Date of Receipt
Mailing Address 1355 East St Ste 1	10	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27124640
Redding	CA 96001-0801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	ı)	1750.00
	ber only)	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 325 (check only one) X
or for co	ormation copied from such Reports and Sommercial purposes, other than using the IE OF COMMITTEE (In Full) tical Action Committee of the Ame	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
D r. J	Name (Last, First, Middle Initial) aafar M Bazih, , MD ng Address 4802 S 109th East Ave	e State OK	Zip Code 74146-5822	Date of Receipt 0 1 0 8 2 0 0 8 Transaction ID: 27124642 Amount of Each Receipt this Period
fede	ID number of contributing ral political committee. e of Employer a Bone and Joint Asso-	C		250.00
<u>ciate</u>			edic Surgeon e Year-to-Date ▼ 250.00	
B. <u>Dr. J</u>	Name (Last, First, Middle Initial) ack Farr, II, MD ng Address 5255 E Stop 11 Rd Sto	e 300		Date of Receipt O 1
City Indi	anapolis	State IN	Zip Code 46237-6339	Transaction ID: 27124643 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Nam Self	e of Employer Employed	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For: Primary General Other (specify) The primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Dr. A	Name (Last, First, Middle Initial) andrew C Kim, , MD ng Address 29373 Rancho Califori	nia Rd		Date of Receipt O 1 O 8
City	necula	State CA	Zip Code 92591-5201	Transaction ID: 27124645
FEC	ID number of contributing ral political committee.	C	92591-5201	Amount of Each Receipt this Period 250.00
Nam Self	e of Employer Employed	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	DTAL of Receipts This Page (optional)	•		1000.00

be sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee. Date of Receipt Date of Receipt Transaction ID: 27124646 Amount of Each Receipt this Period Date of Receipt this Period 1000.00 Date of Receipt this Period Transaction ID: 27124646 Amount of Each Receipt this Period Date of Receipt this Period Transaction ID: 27124647 Amount of Each Receipt this Period Zip Code 75218-4624 Amount of Each Receipt this Period
Zip Code 63110-1010 Transaction ID: 27124646 Amount of Each Receipt this Period 1000.00 Date of Receipt M M M / D D D / Y Y Y Y Y 1000.00 Date of Receipt M M M / D D D / Y Y Y Y 0 1 0 8 2 0 0 8 Transaction ID: 27124647 Amount of Each Receipt this Period
Zip Code Transaction ID: 27124646 63110-1010 Amount of Each Receipt this Period Surgeon r-to-Date 1000.00 Date of Receipt M M M D D D D D D D D D D D D D D D D D
Amount of Each Receipt this Period 1000.00 Surgeon r-to-Date ▼ 1000.00 Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Surgeon r-to-Date ▼ 1000.00 Date of Receipt M M
T-to-Date ▼ 1000.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt M M M
Zip Code Transaction ID: 27124647 Amount of Each Receipt this Period
Zip Code Transaction ID: 27124647 75218-4624 Amount of Each Receipt this Period
75218-4624 Amount of Each Receipt this Period
Surgeon
r-to-Date ▼ 250.00
Date of Receipt
01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code Transaction ID: 27124649
08816-4026 Amount of Each Receipt this Period
1000.00
Surgeon
r-to-Date ▼ 1000.00
(

SCHEDULE A (FEC	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from su or for commercial purposes, of NAME OF COMMITTEE (I		ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		ciation of Orthopaedic Surgeo	ons
Full Name (Last, First, Midd Dr. Douglas J Straehley, , ME Mailing Address Panora	ma Orthopaedics		Date of Receipt
	Iden Ridge Rd Ste 250	7in Codo	01 08 2008
City Golden	State CO	Zip Code 80401-9541	Transaction ID: 27124650 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.		00401 3341	500.00
Name of Employer Panaroma Orthopaedics	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Ger Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. Michael F Schafer, , MD	, 		Date of Receipt
	estern Univ - School of Me		01 08 7 2008
City	State	Zip Code	Transaction ID: 27124651
Chicago	<u> L</u>	60611	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		1000.00
Name of Employer Northwestern Univ Medical School	Occupati Orthopa	ion aedic Surgeon	
Receipt For:	Aggrega	ite Year-to-Date ▼	
Primary Ger Other (specify) ▼	neral	1000.00	
Full Name (Last, First, Mido Dr. Kurt F Konkel, , MD	dle Initial)		Date of Receipt
Mailing Address N 84 W	16889 Menomonee Ave		01 08 2008
City	State	Zip Code	Transaction ID: 27124652
Menomonee Falls	WI	53051	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		1000.00
Name of Employer Advanced Healthcare		aedic Surgeon	
Receipt For:		te Year-to-Date ▼	
Primary Ger Other (specify) ▼	neral	1000.00	
SUBTOTAL of Receipts This	Daga (antional)		2500.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any pen using the name and address of any political committee the American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initia Dr. Luis H Urrea, II, MD Mailing Address 5009 Vista D		Date of Receipt M
El Paso	TX 79922-2034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 73322 2004	500.00
Name of Employer El Paso Orthopaedic Group Receipt For: □ Primary □ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. Daryl Sheldon Larke, , MD Mailing Address 4135 Tate Sp	,	Date of Receipt 0 1 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 27124657
Big Stone Gap	VA 24219-4272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Hastings Orthopaedic Clin- ic, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia Dr. Prahlad S Pyati, , MD	,	Date of Receipt
Mailing Address 906 Midwest	Club	0 1 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 27124659
Oak Brook	IL 60523-2533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	1	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial)		
Dr. Radhakrishnan V Nair, , MD Mailing Address 3291 Lost Valley Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27124660
<u>Jonesboro</u>	GA 30236-5479	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ashkan Lahiji, , MD		Date of Receipt
Mailing Address 2001 Peachtree St N	NE Ste 705	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27124661
<u>Atlanta</u>	GA 30309-4516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Peachtree Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Philip G Ploska, , MD		Date of Receipt
Mailing Address 392 Wylde Woode [Or	01 08 7 2008
City	State Zip Code	Transaction ID: 27124662
<u>McDonough</u>	GA 30253-7737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 325 (check only one) X
NAME OF COMMIT	ΓΕΕ (In Full)	may not be sold or used by any person d address of any political committee to sociation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr. John Anthony Proc Mailing Address 59 City Port Deposit FEC ID number of cofederal political comm Name of Employer Self Employed Receipt For: Primary	Occup Orthodorus	21904-1019	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Firs Dr. Edward J Troy, , M Mailing Address 60	t, Middle Initial)	1000.00 e Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Newport Beach FEC ID number of confederal political common Name of Employer Self Employed Receipt For: Primary	Occup Ortho	92663-5852 Doation Dopaedic Surgeon Degate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
City	t, Middle Initial) MD 8626 Hardy Oak Blvd Ste 320 State) e Zip Code	Date of Receipt M M D D D Y Y Y Y Y Y Y
San Antonio FEC ID number of confederal political common Name of Employer Self Employed	ittee. Occup	78258-4210 pation paedic Surgeon	Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipt	s This Page (optional)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 325 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person githe name and address of any political committee to	
Political Action Committee of the	American Association of Orthopaedic Surgeon	ns
Full Name (Last, First, Middle Initial) Dr. Brian Makhuli, , MD		Date of Receipt
Mailing Address 1748 Woodwalk	Creek	0 1 0 8 2 0 0 8
City	State Zip Code	Transaction ID: 27124666
<u>Atlanta</u>	GA 30339-8480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Mark S Greenberg, , MD		Date of Receipt
Mailing Address Irving/Coppell Me 400 W LBJ Fwy S		0 1 0 9 2 0 0 8
City	State Zip Code	Transaction ID: 27124925
Irving	TX 75063-3717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD		Date of Receipt
Mailing Address 91 Parker Hill Ave	е	01 09 2008
City	State Zip Code	Transaction ID: 27124926
Roxbury Crossing	MA 02120-3215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Dags (antic	onal)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 325 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	rican Associa	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Willard B E Wong, , MD			Date of Receipt
Mailing Address Precision Orthopaedics 240 San Jose St	S		01 09 2008
City	State	Zip Code	Transaction ID: 27124928
Salinas	CA	93901-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Precision Orthopaedics	Occupation Orthopaed	dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Joel Wolfe, , MD	1		Date of Receipt
Mailing Address 370 N 120th Ste 20			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27124930
Holland	MI	49424-2196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Shoreline Ortho & Sports Med	Occupation Orthopaed	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric Novack, , MD			Date of Receipt
Mailing Address 4553 E Via Estrella			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27124931
Phoenix	AZ	85028-4212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Phoenix Orthopaedic	Occupation Orthopaed	dic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	ı		1750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 325 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathe name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Mark C Gebhardt, , MD			Date of Receipt
Mailing Address Beth Israel Deacone 330 Brookline Ave			01 09 7 2008
City	State	Zip Code	Transaction ID: 27124933
Boston	MA	02215-5400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Beth Israel Deaconess Med-	Occupatio	n edic Surgeon	
ical Ctr Receipt For:		e Year-to-Date ▼	\dashv
Primary General	Aggregate	; i ∈ai-lU-Dale ▼	7
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Courtland G Lewis, , MD	•		Date of Receipt
Mailing Address Ortho Assoc of Hart 85 Seymour St Ste			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27124935
<u>Hartford</u>	CT	06106-5525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ortho Associates of Hartf- ord	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. William O Samuelson, , MD			Date of Receipt
Mailing Address 2800 Pierce St Ste	101		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 27124936
Sioux City	IA	51104-3707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personante name and address of any political committee to merican Association of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Babak S Lami, , MD Mailing Address Illinois Spine Institu 1990 E Algonquin F City Schaumburg FEC ID number of contributing federal political committee.		Date of Receipt M M M O D D O D O D O D O D O D O D O D
Name of Employer Illinois Spine Institute Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Alan G Lewis, , MD Mailing Address Eastern Oklahoma 6475 S Yale Ave St City Tulsa FEC ID number of contributing federal political committee.		Date of Receipt O 1 O 9 2 0 0 8 Transaction ID: 27124938 Amount of Each Receipt this Period 500.00
Name of Employer Eastern Oklahoma Orthopae- dic Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Roger Griffin Wilber, , MD Mailing Address 2500 MetroHealth E City Cleveland	State Zip Code OH 44109-1900	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Metro Health Medical Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	300.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	0 0 0 0 0 0 0 0	1200.00

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 325 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
	Any information copied from such Reports and State for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. John T Harper, , MD			Date of Receipt
	Mailing Address 1309 Milstead Rd NE S	te F		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27124940
	Conyers	GA	30012-3874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Metro Ortho Associates	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) Dr. F Thomas Davies Kaplan, , MD			Date of Receipt
	Mailing Address 8501 Harcourt Rd Indiana Hand Center			01 22 2008
	City	State	Zip Code	Transaction ID: 27167046
	Indianapolis	IN	46260-2046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Indiana Hand Center	Occupation Orthopae	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Alan H Wilde, , MD			Date of Receipt
-	Mailing Address 8542 Windsor Way			M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
	City Broadview Heights	State OH	Zip Code 44147-1790	Transaction ID: 27167048 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44147-1730	300.00
	Name of Employer Lutheran Hospital	Occupatio	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 325 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stuart S Remer, , MD			Date of Receipt
	Mailing Address 1170 Seawane Dr			01 22 2008
	City	State	Zip Code	Transaction ID: 27167050
	Hewlett	NY	11557-2649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Leland R Mayer, , MD			Date of Receipt
	Mailing Address S 5841 County Rd B			01 22 2008
	City	State	Zip Code	Transaction ID: 27167053
	Eau Claire	WI	54701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Luther/Midelfort	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. David M Oster, , MD			Date of Receipt
	Mailing Address 5290 S Geneva Way			01 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27167054
	Englewood	CO	80111-6203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert R Madigan, , MD Mailing Address PO Box 51090 City Knoxville FEC ID number of contributing federal political committee. Name of Employer Southeastern Orthopaedics	State Zip Code TN 37950-1090 C Occupation	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD Mailing Address 869 Inverness Circl City Spartanburg FEC ID number of contributing federal political committee.	State Zip Code SC 29306-6680	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Orthopedic Specialties Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr. Anthony F Pachelli, , MD Mailing Address 201 Cedar SE Ste 6	6600	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque FEC ID number of contributing federal political committee.	State Zip Code NM 87106-5411	Transaction ID: 27167058 Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any personal political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of the name and address of the name and address of the name and the name	
Full Name (Last, First, Middle Initial) Dr. James C Karegeannes, , MD Mailing Address 123 Skyview Dr City Asheville	State Zip Code NC 28804-2720	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C Occupation	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD Mailing Address Duke Health Ctr Orth 3116 N Duke St City	State Zip Code	Date of Receipt M
Durham FEC ID number of contributing federal political committee.	NC 27704-2102	Amount of Each Receipt this Period 250.00
Name of Employer Duke University Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James M McKenzie, , MD Mailing Address 2201 NW Vassar Ct		Date of Receipt
City Bentonville	State Zip Code AR 72712-8582	Transaction ID: 27167077 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Convertion	1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 325 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		
Full Name (Last, First, Middle Initial) Dr. David F Beigler, , MD Mailing Address Illinois Bone and Joint 2401 Ravine Way Ste City Glenview FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Other (specify)		Date of Receipt M M M / 22 / 2008 Transaction ID: 27167079 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Matthew S Shapiro, , MD Mailing Address Slocum Center for Ort 55 Coburg Rd City Eugene FEC ID number of contributing federal political committee. Name of Employer Slocum Center Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David Brokaw, , MD Mailing Address 1801 N Senate Blvd S City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Ortho Indy Receipt For: Primary General Other (specify)	State Zip Code IN 46202-1243 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / 22 / 2008 Transaction ID: 27167082 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A ITEMIZED REC	` '	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 325 (check only one) X
NAME OF COMMIT	TEE (In Full)	s may not be sold or used by any person and address of any political committee to association of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fin Dr. William P Rix, , M Mailing Address & City Auburn FEC ID number of dederal political com	5 Audubon Way Sta NH	'	Date of Receipt M M M / 22 / 2008 Transaction ID: 27167083 Amount of Each Receipt this Period 250.00
Name of Employer NH Orthopaedic Survival Receipt For: Primary Other (specify	Aggr General	pation opaedic Surgeon egate Year-to-Date ▼ 250.00	
Full Name (Last, Fir Dr. Michael T Stowel Mailing Address			Date of Receipt 0 1 2 2 2 2 0 0 8
City Hagerstown FEC ID number of of federal political com	mittee.	21742-1718	Amount of Each Receipt this Period 250.00
Name of Employer Mid Atlantic Orthop Specialists Receipt For: Primary Other (specify	aedic Orth Aggr General	pation opaedic Surgeon egate Year-to-Date ▼ 250.00	
Full Name (Last, Fin Dr. Howard J Gelb, , Mailing Address	,		Date of Receipt 0 1 2 2 2 2 0 0 8
City Coral Springs FEC ID number of c		te Zip Code 33076-1908	Transaction ID: 27167086 Amount of Each Receipt this Period 500.00
federal political com Name of Employer Self Employed	Occu	pation opaedic Surgeon	
Receipt For: Primary Other (specify	Aggr General	egate Year-to-Date ▼ 500.00	
SUBTOTAL of Receip	ots This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Terrence J Endres, , MD		Date of Receipt
Mailing Address 1655 Flowers Mill Dr	r	01 22 2008
City	State Zip Code	Transaction ID: 27167089
Grand Rapids	MI 49525-9694	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates of	Occupation	7
Grand Rapids	Orthopaedic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond L Horwood, , MD		Date of Receipt
Mailing Address 24723 Detroit Rd		M M / D D / Y Y Y Y Y Y Y Z 2 0 0 8
City	State Zip Code	Transaction ID: 27167091
Westlake	OH 44145-2526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary Ferguson, , MD		Date of Receipt
Mailing Address 46 Nayatt Rd		M M / D D / Y Y Y Y Y O D D / 22 2008
City	State Zip Code	Transaction ID: 27167096
Barrington	RI 02806-3326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
Political Action Committee of the Ame	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Joseph A Suarez, , MD		Date of Receipt
Mailing Address 3311 Hylan Blvd	State Zip Code	01 22 2008
City <u>Staten Island</u>	NY 10306-3688	Transaction ID: 27167097 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Douglas W Kiburz, , MD		Date of Receipt
Mailing Address West Central Missour 2301 S Ingram Ave		01 22 4 2008
City	State Zip Code	Transaction ID: 27167111
Sedalia FEC ID number of contributing federal political committee.	MO 65301-8121	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. James M Donley, , MD		Date of Receipt
Mailing Address 5002 Lago Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Madisonville	State Zip Code KY 42431-9435	Transaction ID: 27167113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to erican Association of Orthopaedic Surger	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Torin Cunningham, , MD Mailing Address 488 E Ocean Blvd #3 City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 90802-4765 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: 27167114 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Thomas E Brown, , MD Mailing Address 412 Rockwood Dr City Charlottesville FEC ID number of contributing federal political committee. Name of Employer University of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 22903-4732 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M 22 2 2008 Transaction ID: 27167119 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Anthony L Brown, , MD Mailing Address 3235 Vollmer Rd Ste City Flossmoor FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60422-2040 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 325 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jonathan T Deland, , MD Mailing Address HospI for Special S 535 E 70th St City	Surgery	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
New York FEC ID number of contributing federal political committee.	NY C	10021-4872	Transaction ID: 27167122 Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surg- ery Receipt For: ☐ Primary ☐ General Other (specify) ▼		n dic Surgeon Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ray W Covington, , MD Mailing Address 3500 Hillcrest Dr S	Ste 1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27167125
Waco	TX	76708-3144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Waco Bone & Joint Clinic		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Michael Pierce Connair, , MD	•		Date of Receipt
Mailing Address 12 Village St			01 22 2008
City	State	Zip Code	Transaction ID: 27167127
North Haven FEC ID number of contributing federal political committee.	C	06473-3828	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 325 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	
` ′	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David Arthur Detrisac, , MD		Date of Receipt
Mailing Address East Lansing Ortl 3394 E Jolly Rd S	Ste A	01 22 2008
City Lansing	State Zip Code MI 48910-8595	Transaction ID: 27167161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer East Lansing Orthopaedic Associates Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial)	500.00	
Dr. Brian E Gunnlaugson, , MD Mailing Address 1257 Laurel View	Dr	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27167162
Johnstown FEC ID number of contributing federal political committee.	PA 15905-1509	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00]
Full Name (Last, First, Middle Initial) Dr. Charles Cannon Edwards, II, MD		Date of Receipt
Mailing Address 1826 Circle Rd		01 22 2008
City	State Zip Code	Transaction ID: 27167163
Towson	MD 21204-6415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ontin	nal)	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to the nerican Association of Orthopaedic Surgeonal statements.	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard J Stewart Mailing Address 1202 Barclay Circle City Barrington FEC ID number of contributing federal political committee. Name of Employer American Academy of Orthopaedic Surgeo Receipt For: Primary General Other (specify)	State Zip Code IL 60010-5263 C Occupation Chief Financial Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M 22 2 2008 Transaction ID: 27167164 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. James Edward Carothers, , MD Mailing Address 1830 Mayfair Dr City Owensboro FEC ID number of contributing federal political committee. Name of Employer Orthopedics & Sports Med Receipt For: Primary General Other (specify)	State Zip Code KY 42301-4669 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: 27167165 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. G Brian Holloway, , MD Mailing Address 260 Ft Sanders Wes City Knoxville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TN 37922-3355 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
SUBTOTAL of Receipts This Page (optional)	· 	750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personsing the name and address of any political committee to the American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John M Schimpke, , MD Mailing Address 3431 Old Baldw	<i>i</i> in Rd	Date of Receipt 0 1 2 2 2 2 0 0 8
City	State Zip Code	Transaction ID: 27167167
Lake Angelus	MI 48326-1274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. William J Markmann, , MD Mailing Address 7500 Central Av	ve Ste 108	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	0 1 2 2 2 0 0 8 Transaction ID: 27167170
<u>Philadelphia</u>	PA 19111-2431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John D Lubahn, , MD		Date of Receipt
Mailing Address 300 State St Ste	e 205	0 1 2 2 2 0 0 8
City	State Zip Code	Transaction ID: 27167171
<u>Erie</u>	PA 16507-1429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Hand Microsurgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (op	tional)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joshua H Urvater, , MD Mailing Address 401 Louisiana City Libby FEC ID number of contributing federal political committee. Name of Employer St John's Lutheran Hospital Receipt For: Primary General Other (specify)	State Zip Code MT 59923-2131 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Hanes H Brindley, Jr, MD Mailing Address Scott and White Mea 2401 S 31st St City Temple FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 76508-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Thomas W Wise, , MD Mailing Address 128 Medical Cir City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Orthopaedic Associates Receipt For: Primary General Other (specify)	State Zip Code VA 22601-3322 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / 22 / 2008 Transaction ID: 27167174 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	J)	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 325 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and add	dress of any political committee to	o solicit contributions from such committee.
<u>∠</u> \ .	Full Name (Last, First, Middle Initial) Dr. S Dale Yakish, , MD Mailing Address Beaver Medical Comm			Date of Receipt
	1030 Beaner Hollow R		7in Cada	01 22 2008
	City	State PA	Zip Code	Transaction ID: 27167176
	Beaver FEC ID number of contributing federal political committee.	C	15009-9723	Amount of Each Receipt this Period 1000.00
	Name of Employer Association of Specialty Physicians Receipt For: Primary General Other (specify) ▼	 	n edic Surgeon e Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David R Schmidt, , MD Mailing Address 21 Spurs Ln Ste 300			Date of Receipt 0 1 2 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 27167177
	San Antonio	TX	78240-1679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	102101010	1000.00
	Name of Employer Sports Medicine Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. John A Barrasso, , MD Mailing Address 4140 Centennial Hills	Blvd Ste A		Date of Receipt O 1
	City	State	Zip Code	Transaction ID: 27167178
	Casper	WY	82609-3265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	1		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Clark P Searle, , MD Mailing Address N5390 Rancho Viei	in Bd		Date of Receipt
City Fond Du Lac	State WI	Zip Code 54935-9373	Transaction ID: 27167179 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Fond du Lac Régional Clin- ic Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Sean E McCance, , MD Mailing Address 1155 Park Ave	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27167180
New York	NY	10128-1209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Sandmeier, , MD			Date of Receipt
Mailing Address 2038 NW 127th PI			01 22 2008
City	State	Zip Code	Transaction ID: 27167181
Portland	OR	97229-8552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 325 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	american Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David L Waxman, , MD			Date of Receipt
Mailing Address 600 Davisson Run	Rd Ste 102		01 22 2008
City Clarksburg	State WV	Zip Code 26301-9307	Transaction ID: 27167182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank V Aluisio, , MD			Date of Receipt
Mailing Address 2608 Southwick Dr			0 1 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: 27167183
Greensboro	NC	27455-0833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Greensboro Orthopaedic Ce- nter, PA	Occupation Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Joseph C Tauro, , MD			Date of Receipt
Mailing Address 9 Hospital Dr			01 22 2008
City	State	Zip Code	Transaction ID: 27167184
Toms River	NJ	08755-6425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional	20)		3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 325 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Preston M Wolin			Date of Receipt
Mailing Address Center for Athletic N 830 W Diversey Pk			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60614-1454	Transaction ID: 27175129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael R Sheen, , MD			Date of Receipt
Mailing Address 2200 Kellwest Blvd			01 23 7 9 9 9
City Wichita Falls	State TX	Zip Code	Transaction ID: 27175130
FEC ID number of contributing federal political committee.	C	76309	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bronier Lastrapes Costas, , MD			Date of Receipt
Mailing Address 980 Johnson Ferry	Rd Ste 1020		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State GA	Zip Code 30342-1609	Transaction ID: 27175132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30342*1009	500.00
Name of Employer Hand & Upper Extremity Ctr of Georgia		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35/325 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Daryl Sheldon Larke, , MD			Date of Receipt
Mailing Address 4135 Tate Springs	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Big Stone Gap	State VA	Zip Code 24219-4272	Transaction ID: 27175133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	E-10 - 12 / E	1000.00
Name of Employer Hastings Orthopaedic Clin- ic, PC	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, , MD	I		Date of Receipt
Mailing Address 758 Old Norcross I	Rd Ste 100		01 23 2008
City	State	Zip Code	Transaction ID: 27175134
Lawrenceville	GA	30045-3386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopedics	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD			Date of Receipt
Mailing Address 5605 W Eugie Ste	111		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Glendale	State AZ	Zip Code 85304-1273	Transaction ID: 27175135
FEC ID number of contributing federal political committee.	C	0304-1273	Amount of Each Receipt this Period 1000.00
Name of Employer Phoenix Orthopaedic Consu- Itants		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gerald R Williams, Jr, MD Mailing Address The Rothman Institut		Date of Receipt
Mailing Address The Rothman Institut 925 Chestnut St	е	01 23 2008
City	State Zip Code	Transaction ID: 27175136
<u>Philadelphia</u>	PA 19107-4201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Rothman Institute	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Javad Parvizi, , MD		Date of Receipt
Mailing Address Rothman Institute 925 Chestnut St-5th I		01 23 2008
City Philadelphia	State Zip Code PA 19107	Transaction ID: 27175137
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Tye Ouzounian, , MD		Date of Receipt
Mailing Address 5620 Wilbur Ave Ste		01 23 7 2008
City	State Zip Code	Transaction ID: 27175138
Tarzana	CA 91356-1309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) /)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37/325 (check only one)			
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. Mark E Baratz, , MD			Date of Receipt			
Mailing Address Allegheny Ortho						
City Pittsburgh	State PA	Zip Code 15212-4769	Transaction ID: 27175253 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	13212 4703	500.00			
Name of Employer Allegheny General Hospital	Occupation Orthopae	n edic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Philip R Hardy, , MD Mailing Address 1325 San Marco I	Blvd Ste 200		Date of Receipt			
	City State Zip Code					
Jacksonville	FL	32207-8566	Transaction ID: 27175254 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Jacksonville Orthopaedic Institute	Occupation Orthopae	n edic Surgeon				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	500.00				
Full Name (Last, First, Middle Initial) Dr. K Daniel Riew, , MD			Date of Receipt			
Mailing Address Washington Unive	ersity Orthopedic	s	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Saint Louis	State MO	Zip Code 63110-1010	Transaction ID: 27175255			
FEC ID number of contributing federal political committee.	C	03110-1010	Amount of Each Receipt this Period 1000.00			
Name of Employer Washington University	Occupation Orthopae	n edic Surgeon				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	1000.00				
SUBTOTAL of Receipts This Page (optio	nal)		2000.00			

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe he name and address of any political committee	
Political Action Committee of the An	nerican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Mark W Diehl, , MD		Date of Receipt
Mailing Address 1110 Hazeltine Ln		01 23 7 2008
City Kennesaw	State Zip Code GA 30152-4742	Transaction ID: 27175256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kourosh Korsh Jafarnia, , MD Mailing Address 617 Little John		Date of Receipt
		01 23 2008
City Houston	State Zip Code TX 77024-5720	Transaction ID: 27175257
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gregory S Slappey, , MD		Date of Receipt
Mailing Address 139 Fairway Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carrollton	State Zip Code GA 30117-4134	Transaction ID: 27175258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carrollton Orthopaedic Cl- inic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the Am	ierican Assoc	iation of Orthopaedic Surger	ons
	Full Name (Last, First, Middle Initial) Dr. Alan B Thomas, , MD			Date of Receipt
	Mailing Address Lakewood Orthopaed 7308 Bridgeport Way			01 23 2008
	City	State	Zip Code	Transaction ID: 27175259
	Lakewood	WA	98499-8000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Proliance Surgeons	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Robert S Schultz, , MD			Date of Receipt
	Mailing Address 3015 17th St W	0 1 2 3 2 0 0 8		
	City	State	Zip Code	Transaction ID: 27175260
	Billings	MT	59102-0703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Billings Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Timothy J Clader, , MD			Date of Receipt
	Mailing Address 10 Hagen Dr Ste 20 I	LL		01 23 2008
	City	State	Zip Code	Transaction ID: 27175261
	Rochester	NY	14625-2663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	_,	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г				1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William R Buschmann, , MD Mailing Address 7 Reservoir Rd City White Plains FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Associates Receipt For: Primary General	State Zip Code NY 10603-2522 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven Berkowitz, , MD Mailing Address 1200 Eagle Ave City Ocean FEC ID number of contributing federal political committee.	State Zip Code NJ 07712-7631	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Seaview Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy J Bopp, , MD Mailing Address 310 N 9th St City Bismarck FEC ID number of contributing federal political committee.	State Zip Code ND 58501-4508	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer The Bone and Joint Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	_
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form CITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 325 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any pers ng the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the	American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Richard M Terek, , MD Mailing Address University Orthor		Date of Receipt
Mailing Address University Orthop 2 Dudley St Ste 2	00	01 23 2008
City	State Zip Code	Transaction ID: 27175271
Providence FEC ID number of contributing federal political committee.	RI 02905-3248	Amount of Each Receipt this Period 250.00
Name of Employer University Orthopedics Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David J Caucci, , MD Mailing Address 3355 Lake Ariel H		Date of Receipt
- SSSS Lake Affel F	nvy	01 23 2008
City	State Zip Code	Transaction ID: 27175272
Honesdale FEC ID number of contributing federal political committee.	PA 18431-1174	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan Bomberg, , MD		Date of Receipt
Mailing Address 940 Central Park	Dr Ste 190	0 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27175273
Steamboat Springs FEC ID number of contributing federal political committee.	CO 80487-8816	Amount of Each Receipt this Period 250.00
Name of Employer Steamboat Orthopaedic Ass-	Occupation Orthopaedic Surgeon	
ociates Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ry information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	siation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Russell A Hudgens, , MD			Date of Receipt
	Mailing Address 3610 Springhill Memo	oriai Dr N		01 23 7 2008
	City Mobile	State AL	Zip Code	Transaction ID: 27175274
	FEC ID number of contributing federal political committee.	C	36608-1162	Amount of Each Receipt this Period 500.00
	Name of Employer Alabama Orthopaedic Clinic	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. John B Weltmer, Jr, MD Mailing Address 12639 Old Tesson Fe	erry Bd Ste 1	15	Date of Receipt
				01 23 2008
	City Saint Louis	State MO	Zip Code 63128-2795	Transaction ID: 27175275 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120 2130	250.00
	Name of Employer Signature Health Services	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
 c.	Full Name (Last, First, Middle Initial) Dr. David B Thordarson, , MD			Date of Receipt
	Mailing Address 1520 San Pablo St St	te 2000		M M / D D / Y Y Y Y Y Y Y Y 2 0 0 8
	City	State	Zip Code	Transaction ID: 27175276
	Los Angeles	CA	90033-5322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line numbe			

R LINE NUMBER: PAGE 43 / 325 eck only one) 11a 11b 11c 12 13 14 15 16 17	Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS
he purpose of soliciting contributions contributions from such committee.	not be sold or used by any perso dress of any political committee to	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add
	ation of Orthopaedic Surgeo	NAME OF COMMITTEE (In Full) Political Action Committee of the American Associ
Date of Receipt		Full Name (Last, First, Middle Initial) Peter C C Rink, , DO
01 23 7 2008	SSOC	Mailing Address 1414 W Lombard Orthopaedic and Rheumatology As
Fransaction ID: 27175278	Zip Code	City State
Amount of Each Receipt this Period	52804-2148	Davenport IA
250.00		FEC ID number of contributing federal political committee.
	n edic Surgeon	Name of Employer Ortho & Rheumatology Asso- ciates Occupatio
	Year-to-Date ▼	Receipt For: Aggregate
	250.00	Primary General Other (specify) ▼
Date of Receipt	-	Full Name (Last, First, Middle Initial) Dr. Neal D Lintecum, , MD
0 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Mailing Address 1112 W 6th St Ste 124
Fransaction ID: 27175279	Zip Code	City State
Amount of Each Receipt this Period	66044-2249	<u>Lawrence</u> KS
1000.00		FEC ID number of contributing federal political committee.
	n edic Surgeon	Name of Employer Lawrence Orthopaedics Orthopae
	Year-to-Date ▼	
	1000.00	Primary General Other (specify) ▼
Date of Receipt		Full Name (Last, First, Middle Initial) Dr. Holly J Duck, , MD
01 23 7 2008		Mailing Address Bone & Joint Surgery Associates 340 S Whitney Way
Fransaction ID: 27175280	Zip Code	City State Madison WI
Amount of Each Receipt this Period	53705-4656	FFO ID work or of contribution
250.00		FEC ID number of contributing federal political committee.
	edic Surgeon	<u> </u>
	Year-to-Date ▼	Receipt For: Primary General Aggregate
	250.00	Other (specify)
1500.00		SUBTOTAL of Receipts This Page (optional)
	·	SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 325 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Robert C Durkin, , MD Mailing Address Kapiolani Med Ctr			Date of Receipt
1319 Punahou St Ste		7'- 0-4-	01 23 2008
City Honolulu	State HI	Zip Code	Transaction ID: 27175283
FEC ID number of contributing federal political committee.	C	96826-1044	Amount of Each Receipt this Period 500.00
Name of Employer Kapiolani Medical Center		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gary M Zartman, , MD			Date of Receipt
Mailing Address Lancaster Ortho Grou 231 Granite Run	ıp		01 23 7 2008
City	State	Zip Code	Transaction ID: 27175286
Lancaster FEC ID number of contributing federal political committee.	C	17601-6823	Amount of Each Receipt this Period 500.00
Name of Employer Lancaster Orthopaedic Gro- up	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Denis Burke Drennan, , MD			Date of Receipt
Mailing Address 1316 Sherman Ave			01 23 2008
City	State	Zip Code	Transaction ID: 27175287
<u>Evanston</u>	IL	60201-4361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer DM Systems Inc	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 325 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surged	ons
۱.	Full Name (Last, First, Middle Initial) Dr. Robert A Sciortino, , MD Mailing Address 2821 N Ballas Rd Ste	0.45		Date of Receipt
	Walling Address 2021 N Ballas Nu Ste	, C-13		01 23 2008
	City	State	Zip Code	Transaction ID: 27175289
	Saint Louis	MO	63131-2300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Louis Orthopaedic Surg- eons	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Scott A McPherson, , MD	1		Date of Receipt
	Mailing Address 406 15 th Ave N			01 24 7 2008
	City	State	Zip Code	Transaction ID: 27186872
	<u>Hopkins</u>	MN	55343-7221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Park Nicollet Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Rolando Colon-Nebot, , MD			Date of Receipt
	Mailing Address PO Box 668			01 24 2008
	City	State	Zip Code	Transaction ID: 27186873
	Arecibo	PR	00613-0668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)	ı		1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Charles M Ruland, , MD			Date of Receipt
	Mailing Address 1507 Severncroft Rd			01 24 7 2008
	City Annapolis	State MD	Zip Code 21409-5811	Transaction ID: 27186874 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2140 0011	500.00
	Name of Employer Anne Arundel Orthopaedic Surgeons	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Sidney N Martin, , MD			Date of Receipt
	Mailing Address 7041 Linden Rd			01 24 2008
	City	State	Zip Code	Transaction ID: 27186875
	Fenton FEC ID number of contributing federal political committee.	C	48430-9324	Amount of Each Receipt this Period
	Name of Employer Family Orthopaedic Associ- ates	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 :.	Full Name (Last, First, Middle Initial) Dr. Jonathan P Keeve, , MD			Date of Receipt
	Mailing Address Northwest Ortho Spe E 12410 Sinto Ste 20			01 24 7 9 9 9
	City Spokane Valley	State WA	Zip Code 99216-2280	Transaction ID: 27186876 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	99210-2200	250.00
	Name of Employer Northwest Orthopedic Spec- ialists	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 325 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Assoc	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert H Haralson, III, MD, M			Date of Receipt
Mailing Address American Academy 6300 N. River Rd			01 24 2008
City	State	Zip Code	Transaction ID: 27186877
Rosemont	IL	60018-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer American Academy of Ortho-	Occupatio	n edic Surgeon	
paedic Surgeo Receipt For:		e Year-to-Date ▼	
Primary General	Aggregate		7
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Thompson McGuire, , MD	•		Date of Receipt
Mailing Address Down East Orthope 404 State St Ste 610			01 24 2008
City	State	Zip Code	Transaction ID: 27186878
<u>Bangor</u>	ME	04401-6623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Down East Orthopedics	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Charles Edward Barnes, , MD			Date of Receipt
Mailing Address 3308 Bondwood Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27186879
Johnson City	TN	37604-8907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Appalachian Orthopaedic Associates	Occupatio Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogute	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any per name and address of any political committee erican Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. Jonathan R Fox, , MD Mailing Address 5929 E Via del Cielo City Paradise Valley FEC ID number of contributing federal political committee. Name of Employer Desert Orthopaedic Specialists Receipt For: Primary General Other (specify)	State Zip Code AZ 85253-8107 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 4 2 0 0 8 Transaction ID: 27186881 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. William T Grant, , MD Mailing Address Albemarle Orthopaedi PO Box 1646 City Charlottesville FEC ID number of contributing federal political committee. Name of Employer Albemarle Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code VA 22902-1646 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kevin G Vesey, MD Mailing Address 48 Route 25-A Ste 100 City Smithtown FEC ID number of contributing federal political committee. Name of Employer North Shore Orthopaedic Surgery Receipt For: Primary General Other (specify)	State Zip Code NY 11787-1447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M C D D C 24 2008 Transaction ID: 27186884 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1800.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 325 (check only one) X
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
۱	Full Name (Last, First, Middle Initial) Dr. Thomas J Mathews, , MD Mailing Address 2200 Forest Ridge Pkv	vy Ste 240		Date of Receipt 0 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27186885
Ī	New Castle FEC ID number of contributing ederal political committee.	C	47362-2943	Amount of Each Receipt this Period 250.00
	Name of Employer Henry County Hospital Receipt For: Primary General Other (specify)		edic Surgeon e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Don P Sanders, , MD Mailing Address King/Drew Med Ctr	Cto 2004		Date of Receipt 0 1 2 4 2 0 0 8
-	12021 S Wilmington A Dity	Transaction ID: 27186886		
	Los Angeles FEC ID number of contributing ederal political committee.	CA	90059-3019	Amount of Each Receipt this Period
	Name of Employer South Bay Orthopaedic Spe- cialists Receipt For: Primary General Other (specify)		edic Surgeon e Year-to-Date ▼ 1000.00	
; .	Full Name (Last, First, Middle Initial) Dr. Ronald Moskovich, , MD			Date of Receipt
I	Mailing Address Hosp for Joint Disease 301 E 17th St	•		0 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27186887
Ī	New York FEC ID number of contributing ederal political committee.	C	10003-3804	Amount of Each Receipt this Period 250.00
į	Name of Employer NYU	Occupatio Orthopae	n edic Surgeon	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
su	BTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Fori	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to the American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initia Dr. Christopher C Kaeding, , MD Mailing Address OSU Sports M	ledicine Ctr	Date of Receipt
2050 Kenny F	d State Zip Code	0 1 2 4 2 0 0 8 Transaction ID: 27186888
Columbus	OH 43221-3502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Ohio State University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. James Craig Lilley, , MD Mailing Address 2776 N Garey		Date of Receipt 0 1 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 27186889
Pomona	CA 91767-1810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Pamela L Jones, , MD		Date of Receipt
Mailing Address 50 Beacon St	Ste 2	0 1 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 27186890
Boston	MA 02108-3524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Associates in Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
auptotu (B Ti. B. (ptional)	1750.00

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			Detailed Summary Page	13 14 15 16 17	
Γ	Any information copied from such Reports and St	atements ma	y not be sold or used by any perso		
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.	
<u> </u>	NAME OF COMMITTEE (In Full)				
	Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons	
		10411710000	nation of Orthopassis Surges	710	
	Full Name (Last, First, Middle Initial)				
Α.	Dr. E Bruce Bynum, , DO	Date of Receipt			
	Mailing Address 4292 SW Agate Ave	M M / D D / Y Y Y Y			
				01 24 2008	
	City	State	Zip Code	Transaction ID: 27186891	
	Corvallis	OR	97333-1178	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		1000.00	
	federal political committee.			1000.00	
	Name of Employer	Occupation	on	\dashv	
	Name of Employer Corvallis Clinic		edic Surgeon		
	Receipt For:		e Year-to-Date		
	Primary General	Aggregate	e real-to-bate v	1	
	Other (specify) ▼		1000.00		
			0 0 0 0 0 0 0	1	
-	Full Name (Last, First, Middle Initial)				
B.	Dr. David A Fisher, , MD			Date of Receipt	
	Mailing Address 8450 Northwest Blvd	M M / D D / Y Y Y Y			
				01 24 2008	
	City	State	Zip Code	Transaction ID: 27186892	
	<u>Indianapolis</u>	IN	46278-1381	Amount of Each Receipt this Period	
	FEC ID number of contributing			1000.00	
	federal political committee.	С		1000.00	
	Name of Employer	Occupation		_	
	Orthopaedics of Indianapo-		edic Surgeon		
	lis Receipt For:			_	
	Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		1000.00		
	Carlor (openity) V			1	
-	Full Name (Last, First, Middle Initial)				
C.	Dr. Robert E Coles, , MD			Date of Receipt	
	Mailing Address 3714 Guardian Ave			M M / D D / Y Y Y Y	
				01 24 2008	
	City	State	Zip Code	Transaction ID: 27186893	
	Morehead City	NC	28557-4322	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u> </u>		1000.00	
	federal political committee.	C		1000.00	
	Name of Employer	Occupation	nn	\dashv	
	Carteret Surgical Associa-		edic Surgeon		
	tes Receipt For:				
	Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		1000.00		
	Caron (opcons)		0 0 0 0 0 0 0	1	
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City State Zip Code	OULE A (FEC Form 3X) ED RECEIPTS	ule(s) the (ch	DR LINE NUMBER: PAGE 52 / 325 heck only one) X 11a 11b 11c 12 13 14 15 16 17	
Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Christian P Christensen., MD Mailing Address 700 Bob-O-Link Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James J Purill, MD Mailing Address The Rothman Institute 925 Chestnut St 5th FI City Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. C. Name of Employer Receipt For: Primary General Other (specify) ▼ C. Cupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27186894 Amount of Each Receipt Torman Institute 925 Chestnut St 5th FI City Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. C. Name of Employer Rothman Institute Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27186894 Amount of Each Receipt this Peri Aggregate Year-to-Date ▼ Transaction ID: 27186894 Amount of Each Receipt this Peri Date of Receipt Transaction ID: 27186894 Amount of Each Receipt this Peri Date of Receipt Transaction ID: 27186894 Amount of Each Receipt this Peri Date of Receipt Transaction ID: 27186894 Amount of Each Receipt this Peri Date of Receipt Transaction ID: 27186894 Transaction ID: 27186894 Amount of Each Receipt this Peri Primary General Occupation Orthopaedic Surgeon Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General	mercial purposes, other than using the name	any person for nmittee to solici	the purpose of soliciting contributions it contributions from such committee.	
A. Dr. Christensen, MD Mailing Address 700 Bob-O-Link Dr City State Zip Code Lexington KY 40504 Amount of Each Receipt the Peri 1000. Name of Employer Lexington Clinic Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼	, ,	Surgeons		
City State Zip Code Lexington KY 40504 Amount of Each Receipt this Peri FEC ID number of contributing federal political committee. Name of Employer Lexington Clinic Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 1000.00 Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Name (Last, First, Middle Initial) Dr. James J Purtill, MD Mailing Address The Rothman Institute 925 Chestnut St 5th FI FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 27186895 Amount of Each Receipt this Peri Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Name of Employer Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Name of Employer Self-individed Initial) Dr. Edwin L Ferren, MD Mailing Address 1023 N Mound St Ste E City State Zip Code TX 75961-4453 Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren, MD Mailing Address 1023 N Mound St Ste E City State Zip Code TX 75961-4453 FEC ID number of contributing federal political committee. C State Zip Code TX 75961-4453 Amount of Each Receipt this Peri 250 Transaction ID: 27186896 Amount of Each Receipt this Peri Name of Employer Self Employed Self Employed Amount of Each Receipt this Peri Amount of Each Receipt this Peri 251 C State Zip Code Ty Zi	stian P Christensen, , MD		<u> </u>	
Lexington EEC ID number of contributing federal political committee.			01 24 2008	
FEC ID number of contributing federal political committee. Name of Employer Lexington Clinic Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. James J Purilli, MD Mailing Address The Rothman Institute 925 Chestnut St 5th FI City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren., MD Mailing Address 1023 N Mound St Ste E City State Zip Code Primary General Other (specify) ▼ 1000.00 Date of Receipt To: Primary General Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: 27186896 Amount of Each Receipt this Peri 1000.00 Date of Receipt 1000.00 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 1 2 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 2 1 2 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 3 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>		
Receipt For: Primary	number of contributing		1000.00	
Primary	on Clinic C			
Dr. James J Purtill, MD Mailing Address The Rothman Institute 925 Chestnut St 5th FI City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ Date of Receipt Transaction ID: 27186895 Amount of Each Receipt this Peri 1000.00 Date of Receipt Transaction ID: 27186895 Amount of Each Receipt this Peri 1000.00 Date of Receipt Transaction ID: 27186895 Amount of Each Receipt this Peri 2 4 2 0 Transaction ID: 27186896 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 5 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 5 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 5 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 5 0 Transaction ID: 27186896 Amount of Each Receipt this Peri 2 5 0 Transaction ID: 27186896 Amount of Each Receipt This Peri 2 5 0	rimary General			
Other (specify) ▼ City State Zip Code PA 19107-4206 Receipt For: Other (specify) ▼ City State Zip Code PA 19100000 Receipt For: Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Other (specify) ▼ City State Zip Code Transaction ID: 27186895 Amount of Each Receipt this Period Date of Receipt Major Date Of Date of Receipt Major Date of Receipt Major Date Of Date Of Receipt Major Date Of Date Of Receipt Major Date Of D			Date of Receipt	
Philadelphia PA 19107-4206 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren, , MD Mailing Address 1023 N Mound St Ste E City State Zip Code Transaction ID: 27186896 Nacogdoches TX 75961-4453 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior 1000 Date of Receipt 1000 Transaction ID: 27186896 Amount of Each Receipt this Perior 250 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Primary General	925 Chestnut St 5th Fl			
FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren, MD Mailing Address 1023 N Mound St Ste E City State Zip Code TX 75961-4453 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ C 250		_		
Rothman Institute Contropaedic Surgeon	number of contributing		1000.00	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren, , MD Mailing Address 1023 N Mound St Ste E City State Zip Code Nacogdoches TX 75961-4453 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ 1000.00 Date of Receipt M M M / D D / Y Y Y O O O O O O O O O O O O O O O O	an Incitituito			
Dr. Edwin L Ferren, , MD Mailing Address 1023 N Mound St Ste E City State Zip Code Nacogdoches TX 75961-4453 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y D D D / Y Y Y D D D D D	rimary General	0.00		
City State Zip Code Nacogdoches TX 75961-4453 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General O 1 24 20 Transaction ID: 27186896 Amount of Each Receipt this Peri	,		Date of Receipt	
Nacogdoches TX 75961-4453 Amount of Each Receipt this Peri FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Amount of Each Receipt this Peri	Address 1023 N Mound St Ste E			
FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date				
Receipt For: Primary General Aggregate Year-to-Date OFFO 00	number of contributing		Amount of Each Receipt this Period 250.00	
Primary General OFF 20	of Employer Onployed C			
	For: A rimary General	0.00		
SUBTOTAL of Receipts This Page (optional)	AL of Receipts This Page (optional)		2250.00	

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В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 325 (check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	ame and add	aress or any political committee to	solicit contributions from such committee.	
Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns	
Full Name (Last, First, Middle Initial) Dr. Clay M Wertheimer, , MD			Date of Receipt	
Mailing Address 1100 Pacific Ave Ste 300 Everett Bone and Joint	0		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: 27186897	
Everett	WA	98201-4261	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		1000.00	
Name of Employer Proliance Surgeons	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Daniel C Johnson, , MD			Date of Receipt	
Mailing Address Yankton Bone & Joint Co	enter		0 1 2 4 2 0 0 8	
City State		Zip Code	Transaction ID: 27186898	
<u>Yankton</u>	SD	57078-3700	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer Yankton Bone and Joint Ce- nter	Occupation Orthopae	n edic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) Dr. Joseph F Curtis, Jr, MD			Date of Receipt	
Mailing Address PO Box 250450			01 24 2008	
City	State	Zip Code	Transaction ID: 27186900	
Montgomery	AL	36125-0450	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Southern Orthopaedic Surg- eons	Occupation Orthopae	n edic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify)		1000.00		
SUBTOTAL of Receipts This Page (optional)			2250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any perso dress of any political committee to	
Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Thomas Woo, , MD			Date of Receipt
Mailing Address 5255 E Stop 11 Rd St	e 300		01 24 2008
City	State	Zip Code	Transaction ID: 27186901
Indianapolis	IN	46237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedics Indianapolis	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Dr. Richard L Worland, , MD Mailing Address 635 Walsing Dr			Date of Receipt
City	State	Zip Code	0 1 2 4 2 0 0 8 Transaction ID: 27186902
Richmond	VA	23229-8136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Advanced Orthopedic Cente- rs	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David F Dalury, , MD	1		Date of Receipt
Mailing Address 8322 Bellona Ave Ste	M M / D D / Y Y Y Y Y Y Y Y Y Y Z 0 0 8		
City	State	Zip Code	Transaction ID: 27186903
Baltimore	<u>MD</u>	21204-2065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. Surgeons
Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD Mailing Address 300 S 8th St Ste 178v City Murray FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code KY 42071-2444 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jonathan P Garino, , MD Mailing Address 835 Stoke Rd	1000.	
City Villanova FEC ID number of contributing federal political committee.	State Zip Code PA 19085-2031	Transaction ID: 27186905 Amount of Each Receipt this Period 1000.00
Name of Employer University of Pennsylvania Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.	00
Full Name (Last, First, Middle Initial) Dr. Neal L Rockowitz, , MD Mailing Address 3104 E Indian School	Rd Ste 100	Date of Receipt 0 1 2 4 2 0 0 8
City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85016-6873	Transaction ID: 27186906 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optional) .		3000.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 325 (check only one) X
NAME OF	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Charles	(Last, First, Middle Initial) M Blitzer, , MD dress New Hampshire Ortho 237 Route 108 Ste 209			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27186907
Somersw	orth	NH	03878-1517	Amount of Each Receipt this Period
	mber of contributing cical committee.	C		1000.00
<u>ty</u>	nployer shire Ortho Socie-	Occupation Orthopae	n edic Surgeon	
Receipt For Prima		Aggregate	e Year-to-Date ▼ 1000.00]
Dr. Karl E R		1		Date of Receipt
Mailing Add	dress Texas Scottish Rite Ho Dept of Orthpaedics		7. 0. 1	01 24 2008
City Dallas		State TX	Zip Code 75219-3993	Transaction ID: 27186908
FEC ID nur	nber of contributing ical committee.	C	73219-3393	Amount of Each Receipt this Period 1000.00
Name of Er Scottish Ri	nployer te-Dallas	Occupation Orthopae	n edic Surgeon	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1000.00	
	(Last, First, Middle Initial) Markel, , MD			Date of Receipt
Mailing Add	dress 22250 Providence Dr	01 24 2008		
City		State	Zip Code	Transaction ID: 27186909
<u>Southfield</u>		MI	48075-6212	Amount of Each Receipt this Period
	mber of contributing ical committee.	C		1000.00
paedic Sur			edic Surgeon	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1000.00	
SURTOTAL	of Receipts This Page (optional)	1		3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57/325 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD			Date of Receipt
Mailing Address Northland Orthopae 444 E Timber Dr	edic Assoc, S C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rhinelander	State W1	Zip Code 54501-2852	Transaction ID: 27186910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Northland Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kumar Bipin Amin, , MD	Date of Receipt		
Mailing Address PO Box 2507	0 1 2 4 2 0 0 8		
City Wintersville	State OH	Zip Code	Transaction ID: 27186911
FEC ID number of contributing federal political committee.	C	43953-0507	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD			Date of Receipt
Mailing Address 2200 W Third St Ste 400			01 24 2008
City Los Angeles	State CA	Zip Code 90057-1937	Transaction ID: 27186912
FEC ID number of contributing federal political committee.	C	30037-1937	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona	l		3000.00

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee	
Political Action Committee of the An	nerican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. Wayne M Goldstein, , MD		Date of Receipt
Mailing Address 9000 Waukegan Rd	Olate 7's Oads	01 24 2008
City Morton Grove	State Zip Code IL 60053-2127	Transaction ID: 27186913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John S Place, , MD Mailing Address 3907 Creekside Loo	C+o 100	Date of Receipt
Mailing Address 3907 Creekside Loo	01 24 7 2008	
City	State Zip Code	Transaction ID: 27186914
Yakima FEC ID number of contributing federal political committee.	WA 98902-4879	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John W Adkison, , MD		Date of Receipt
Mailing Address 1211 N 16th Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27186915
Yakima FEC ID number of contributing federal political committee.	WA 98902-1347	Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	3000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to the American Association of Orthopaedic Surgeone	
Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD Mailing Address 91 Parker Hill A City Roxbury Crossing FEC ID number of contributing federal political committee. Name of Employer Longwood Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code MA 02120-3215 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 4 2 0 0 8 Transaction ID: 27186916 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. John A Stevens, , MD Mailing Address POB 693 City Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97308-0693 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dennis Martin Walker, , MD Mailing Address 1717 Oak Park City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify)	Blvd 3rd Fl State Zip Code LA 70601-8990 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (op	tional)	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 325 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any perse name and address of any political committee terican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Thomas J Ditkoff, , MD Mailing Address 6900 Orchard Lake Re City West Bloomfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	d Ste 103 State Zip Code MI 48322-3424 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt O 1
Full Name (Last, First, Middle Initial) Dr. Thomas L Martin, , MD Mailing Address SUN Orthopaedic Grogon 900 Buffalo Rd City Lewisburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PA 17837-2800 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M 24 2008 Transaction ID: 27186922 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Robert Brent Blake, , MD Mailing Address Bridger Ortho & Sport 1450 Ellis St Ste 201 City Bozeman FEC ID number of contributing federal political committee. Name of Employer Bridger Orthopaedic and Sports Medicin Receipt For: Primary General Other (specify)	State Zip Code MT 59715-8813 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M 24 2008 Transaction ID: 27186925 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the			
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		used by any person for the purpose of soliciting contributions rical committee to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Dr. Jon F Robinson, , MD Mailing Address Bridger Orthopedic an 1450 Ellis St Ste 201 City Bozeman FEC ID number of contributing federal political committee. Name of Employer Bridger Orthopedic and Sp-	d Sports Medi State Zip Code MT 59715-881: C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
orts Medicine Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00			
Dr. Daniel M Gannon, , MD	Mailing Address Bridger Ortho & Sports Med PC 1450 Ellis St Ste 201				
Bozeman FEC ID number of contributing federal political committee.	MT 59715-8813	Amount of Each Receipt this Period 500.00			
Name of Employer Bridger Ortho & Sports Med PC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	500.00			
Full Name (Last, First, Middle Initial) Dr. John D Campbell, , MD Mailing Address Bridger Orthopedic an	d Sports Medi	Date of Receipt			
1450 Ellis St Ste 201 City	State Zip Code	0 1 2 4 2 0 0 8 Transaction ID: 27186928			
Bozeman FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 250.00				
Name of Employer Bridger Orthopedic and Sports Medicine Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	250.00			
SUBTOTAL of Receipts This Page (optional) .	1	1000.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Í	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 325 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. S Gopal Krishnan, , MD Mailing Address 1331 E 6th St			Date of Receipt
			01 24 2008
City	State	Zip Code	Transaction ID: 27186929
Weslaco FEC ID number of contributing federal political committee.	C	78596-6601	Amount of Each Receipt this Period 500.00
Name of Employer Krishnan and Associates	 	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD	-		Date of Receipt
Mailing Address 2260 Harcourt Dr			01 24 2008
City Cleveland Heights	State OH	Zip Code 44106-4610	Transaction ID: 27186930
FEC ID number of contributing federal political committee.	C	44100-4010	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD			Date of Receipt
Mailing Address 237 Route 108 Ste	205		01 24 2008
City Somersworth	State NH	Zip Code 03878-1517	Transaction ID: 27186932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Seacoast Orthopedics and Sports Medici	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		1150.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 325 (check only one) X			
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	e American Association of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initial) Dr. David R Hootnick, , MD	0'	Date of Receipt			
Mailing Address 7806 Clearwater		01 24 2008			
City Manlius	State Zip Code NY 13104-9326	Transaction ID: 27186934 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Daniel J Nagle, , MD	Dr. Daniel J Nagle, , MD				
Mailing Address 737 IN MICHIGAIT	Mailing Address 737 N Michigan Ave Ste 700				
City Chicago	State Zip Code IL 60611-6662	Transaction ID: 27186935			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) Dr. John G Birch, , MD		Date of Receipt			
Mailing Address Texas Scottish F 2222 Welborn S		01 24 7 2008			
City Dallas	State Zip Code TX 75219-3924	Transaction ID: 27186936			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer Texas Scottish Rite Hospi- tal	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
		1250.00			

SCHEDULE A (FI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 325 (check only one) X 11a
NAME OF COMMITTE			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Nor. Cary T Tanamachi, , Nor. Cary T Tanamachi, , Nor. Cary T Tanamachi, , Nor. City Mesquite FEC ID number of contribution of contribution of committees.	N Beltline Ste 101 State TX ibuting see.	Zip Code 75149-1770	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 250.00]
	Tech Univ HIth Sci Ctr of Orthopaedic Surgery State TX	Zip Code 79430-0001	Date of Receipt M M M
Name of Employer Texas Tech University Receipt For: Primary Other (specify) ▼		edic Surgeon e Year-to-Date 250.00	
	hern Arizona Ortho, Ltd N Turquoise Dr Ste 200 State AZ ibuting be. Occupatio		Date of Receipt M M M C 25 2008 Transaction ID: 27186940 Amount of Each Receipt this Period 1000.00
Receipt For:	Оппора	edic Surgeon e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts T	his Page (optional)		1500.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 325 (check only one) X
NAME OF C	OMMITTEE (In Full)		y not be sold or used by any person dress of any political committee to diation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Jeffrey Ei	.ast, First, Middle Initial) ner Johnson, , MD ess Washington Univ Orth	opaedic Sur	g	Date of Receipt
	14532 S Outer Forty D		7' 0 1	01 25 2008
City Chesterfie	ld	State MO	Zip Code 63017-5701	Transaction ID: 27186941 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C	03017-3701	300.00
ool of Medic Receipt For: Primar		, ' 	edic Surgeon e Year-to-Date 300.00	
Dr. George F	ast, First, Middle Initial) Chimento, , MD ess 2405 Chester St	l		Date of Receipt 0 1 2 5 2 0 0 8
City		State	Zip Code	Transaction ID: 27186943
<u>Metairie</u>		LA	70001-3029	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		500.00
Name of Em Self Employ	ployer ed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primar Other	y General (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (L Dr. Yram Jan	ast, First, Middle Initial) Groff, , MD	1		Date of Receipt
Mailing Addr	ess 4815 Liberty Ave Ste 2	250		0 1 2 5 2 0 0 8
City Pittsburgh		State PA	Zip Code 15224-2156	Transaction ID: 27186945
FEC ID num	ber of contributing cal committee.	C	13224-2130	Amount of Each Receipt this Period 250.00
Name of Em Self Employ	ployer ed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primar Other		, '	e Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD Mailing Address 201 E Wendover Ave City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27401-1205 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Peter W Mitchell, , MD Mailing Address 2222 E Highland Ste City Phoenix		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. J Gregory Kinnett, , MD Mailing Address 5534 Saint Charles A City New Orleans FEC ID number of contributing	State Zip Code LA 70115-5048	Date of Receipt M M M
federal political committee. Name of Employer McLeod Physicians Assoc Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 325 (check only one) X 11a 11b 11c 12 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee	
` '	merican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. Thomas G Friermood, , MD		Date of Receipt
Mailing Address 660 Golden Ridge F City	Rd Ste 250 State Zip Code	0 1 2 5 2 0 0 8 Transaction ID: 27186951
Golden	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Panorama Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward C Tanner, , MD	2. 040	Date of Receipt
Mailing Address 1445 Portland Ave S	Ste 210	01 25 2008
City	State Zip Code	Transaction ID: 27186954
Rochester	NY 14621-3008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas W Wright, , MD		Date of Receipt
Mailing Address 8314 SW 42nd Ave		0 1 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27187063
Gainesville	FL 32608-3655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Florida	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	<u> </u>	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMUTTEE (In Full)	Statements may he name and add	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Associa	ation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD			Date of Receipt
	Mailing Address 12319 Brock Ave			01 25 2008
	City	State	Zip Code	Transaction ID: 27187066
	Downey	CA	90242-3503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Retired	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Kent E Woo, , MD			Date of Receipt
	Mailing Address 309 Mcalpin Dr	01 25 7 2008		
	City	State	Zip Code	Transaction ID: 27187069
	Savannah	GA	31406-8923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Southeastern Orthopedic	Occupation		
	Center, PC		dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD	Date of Receipt		
	Mailing Address Medical Office Bldg 3535 W 13 Mile Rd S		71.0	01 25 2008
	City Poyal Cak	State	Zip Code	Transaction ID: 27187070
	Royal Oak	MI	48073-6770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 325 (check only one) X
A OI	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Cusmariu, , MD			Date of Receipt
	Mailing Address 513 Brookwood Blvd	Ste 275		01 25 7 2008
	City Birmingham	State AL	Zip Code 35209-6806	Transaction ID: 27187071 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Specialists of Alabama Receipt For: Primary Other (specify) Other (specify)		edic Surgeon e Year-to-Date ▼ 250.00	1
	Full Name (Last, First, Middle Initial) Dr. Alan M Reznik, , MD Mailing Address 199 Whitney Ave			Date of Receipt
				01 25 2008
	City New Haven	State CT	Zip Code 06511-3786	Transaction ID: 27187072
	FEC ID number of contributing federal political committee.	C	00311-3780	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:	-, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD			Date of Receipt
	Mailing Address Medical College of W Dept of Ortho Surg	isconsin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Z D O 8
	City	State WI	Zip Code	Transaction ID: 27187073
	Milwaukee FEC ID number of contributing federal political committee.	C	53226	Amount of Each Receipt this Period 375.00
	Name of Employer Medical College of Wiscon- sin		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)	1		875.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 325 (check only one) X
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\. <u>D</u>	ull Name (Last, First, Middle Initial) br. David E Nonweiler, , MD failing Address William Medical Bldg 6585 S Yale Ste 200			Date of Receipt O 1
	ity 	State	Zip Code	Transaction ID: 27187074
F	Ulsa EC ID number of contributing ederal political committee.	OK C	74136-8315	Amount of Each Receipt this Period 250.00
<u>S</u>	lame of Employer central States Orthopaedic specialists leceipt For: Primary General Other (specify)	- '	edic Surgeon e Year-to-Date ▼ 250.00	
3. <u>D</u>	ull Name (Last, First, Middle Initial) br. George Joseph Zambetti, Jr, MD dailing Address 343 W 58th St			Date of Receipt 0 1 2 5 2 0 0 8
C	ity	State	Zip Code	Transaction ID: 27187406
1	lew York	NY	10019-1108	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N S	lame of Employer self Employed	Occupation Orthopae	n edic Surgeon	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. 🛚	ull Name (Last, First, Middle Initial) rr. Brian S Ziegler, , MD			Date of Receipt
M 	Mailing Address 830 Executive Ln Ste	120		01 25 2008
	lity	State	Zip Code	Transaction ID: 27187408
F	Rockledge EC ID number of contributing ederal political committee.	C	32955-3595	Amount of Each Receipt this Period 250.00
N S	lame of Employer self Employed	Occupation Orthopae	n edic Surgeon	
R	leceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUI	BTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	merican Association of Orthopaedic Surgeo	
Dr. Frank A B Gottschalk, , MD Mailing Address U of TX Southweste Dept of Ortho Surge		Date of Receipt 0 1 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27187409
Dallas FEC ID number of contributing federal political committee.	TX 75390-0001	Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	_ _]
Full Name (Last, First, Middle Initial) Dr. Howard R Epps, , MD Mailing Address 7401 S Main		Date of Receipt 0 1 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27187411
Houston	TX 77030-4509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kirk Kindsfater, , MD		Date of Receipt
Mailing Address 1713 Brentford Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27187416
Fort Collins	CO 80525-4704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. Brian A Shaw, , MD			Date of Receipt
	Mailing Address 3010 N Circle Dr Ste	100A		01 25 2008
	City	State	Zip Code	Transaction ID: 27187417
	Colorado Springs	CO	80909-1182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00]
- В.	Full Name (Last, First, Middle Initial) Dr. W Grant Braly, , MD			Date of Receipt
	Mailing Address 7401 S Main	M M / D D / Y Y Y Y Y Y Y Y Y Z 0 0 8		
	City	State	Zip Code	Transaction ID: 27191396
	Houston	TX	77030-4509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Michael Saul Sirkin, , MD	1		Date of Receipt
	Mailing Address New Jersey Medical S 140 Bergen ACC D-10	610		01 25 2008
	City	State	Zip Code	Transaction ID: 27191398
	Newark	NJ	07101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Jersey Medical School	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	1		1500.00
F	TOTAL This Period (last page this line numbe		<u> </u>	

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
	I Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Deanna M Boyette, , MD		Date of Receipt
Mailing Address 602 Daventry Dr	Olate 7'm Onde	01 25 2008
City Greenville	State Zip Code NC 27858-6513	Transaction ID: 27191399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD	Diana	Date of Receipt
Mailing Address 320 Thomas Moore	•	01 25 2008
City	State Zip Code	Transaction ID: 27191400
Crestview Hills FEC ID number of contributing federal political committee.	KY 41017-3410	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James W Gallentine, , MD		Date of Receipt
Mailing Address 3121 Sheridan Blvd		01 25 2008
City Lincoln	State Zip Code NE 68502-5232	Transaction ID: 27191402 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nebraska Ortho & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David M Lintner, , MD Mailing Address 6348 Mercer City Houston FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 77005-3346 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Warren Grossman, , MD Mailing Address 10662 Zurich St City Hollywood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code FL 33026-4830 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. E Anthony Rankin, , MD Mailing Address Providence Hospital 1160 Varnum St NE City Washington FEC ID number of contributing federal political committee. Name of Employer Rankin Ortho & Sports Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1750.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 325 (check only one) X
NA	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) olitical Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Ma Cit Co FE	Il Name (Last, First, Middle Initial) John D Miles, , MD illing Address PO Box 0 400 Keene St y blumbia C ID number of contributing leral political committee. me of Employer If Employed	State MO C Occupation	Zip Code 65201-6626	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
B. <u>Dr.</u>	ll Name (Last, First, Middle Initial) James C Walter, , MD illing Address 2053 Remington Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FE	y isco C ID number of contributing leral political committee.	State TX	Zip Code 75034-7636	Transaction ID: 27191409 Amount of Each Receipt this Period 1000.00
	me of Employer If Employed ceipt For: Primary General Other (specify)	. '	edic Surgeon e Year-to-Date ▼ 1000.00	
Dr.	ll Name (Last, First, Middle Initial) Steven B Wertheim, , MD illing Address 70 Old Stratton Chase	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	y lanta C ID number of contributing	State GA	Zip Code 30328-3652	Transaction ID: 27205105 Amount of Each Receipt this Period
fed Na	me of Employer surgens	Occupatio Orthopae	on edic Surgeon	1000.00
Re	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼]
SUB	FOTAL of Receipts This Page (optional)			2375.00

Any information copied from such Reports an or for commercial purposes, other than using		ry Page X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark A Coppes, , MD Mailing Address 1 High St City Wakefield FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code RI 02879-3103 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle Initial) Dr. Randall Evan Marcus, , MD Mailing Address 11100 Euclid Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Cleveland</u> FEC ID number of contributing federal political committee.	State Zip Code OH 44106-1716 C	Transaction ID: 27205108 Amount of Each Receipt this Period 500.00
Name of Employer UNMG Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial) Dr. Ajoy K Jana, , MD Mailing Address 15902 Patrick Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27205110
Omaha FEC ID number of contributing federal political committee.	NE 68116-2430	Amount of Each Receipt this Period 250.00
Name of Employer Physicians Clinic Sports Med Center Poscipt For:	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE ///325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	<u> </u>	•	
Full Name (Last, First, Middle Initial) Dr. Jason David Cohen, , MD			Date of Receipt
Mailing Address 776 Shrewsbury Av	ve Ste 201		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tinton Falls	State NJ	Zip Code 07724-3006	Transaction ID: 27205112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Professional Orthopaedic Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr. Michael A Simon, , MD Mailing Address 5841 S Maryland A	ve		Date of Receipt
MC 3079	State	Zip Code	0 1 2 8 2 0 0 8 Transaction ID: 27205114
Chicago	IL	60637-1447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer University of Chicago	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Rick W Wright, , MD			Date of Receipt
Mailing Address Dept of Orthopaedi Ste 11300 West Pa	ic Surgery		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis	State MO	Zip Code 63110	Transaction ID: 27205116 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30110	250.00
Name of Employer Washington University	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 325 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any pers be name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Joseph Assenmacher, , MD		Date of Receipt
Mailing Address 7024 White Tail Ct City	State Zip Code	0 1 2 8 2 0 0 8 Transaction ID: 27205117
Toledo	OH 43617-1391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William James Jekot, , MD Mailing Address 1029 N Highland Ave		Date of Receipt
		01 28 2008
City	State Zip Code	Transaction ID: 27205118
Murfreesboro	TN 37130-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Premier Ortho	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael S Schwartz, , MD		Date of Receipt
Mailing Address 4031 W Plano Pkwy	Ste 100	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27205119
Plano	TX 75093-5617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 325 (check only one) X 11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
	Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
١.	Full Name (Last, First, Middle Initial) Dr. John T Gill, MD Mailing Address 8230 Walnut Hill Ln St	709		Date of Receipt
	City	State	Zip Code	0 1 2 8 2 0 0 8 Transaction ID: 27205122
	Dallas	TX	75231-4431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
. –	Full Name (Last, First, Middle Initial) Dr. Mohammed-Tarek Al-Fahl, , MD			Date of Receipt
	Mailing Address 604 Reinerman St			01 28 2008
	City	State	Zip Code	Transaction ID: 27205123
	Houston	<u>TX</u>	77007-5235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Texas Orthopaedic & Sports Medicine	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Arnold R Miller, , MD			Date of Receipt
	Mailing Address 724 Main St			01 28 7 2008
	City	State	Zip Code	Transaction ID: 27205126
	Laconia	NH	03246-2742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Laconia Clinic		edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)	l		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amel	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. David S Girdany, , MD		Date of Receipt
Mailing Address 249 Hospital Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27205127
Everett	PA 15537-7020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UPMC Bedford	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Junichi Tamai, , MD		Date of Receipt
Mailing Address 356 Warren Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27205128
Cincinnati	OH 45220-1135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cincinnati Children's Me- dical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas G Padanilam, , MD		Date of Receipt
Mailing Address 528 Forest Lake Dr		01 28 2008
City	State Zip Code	Transaction ID: 27205129
Holland	OH 43528-9028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Toledo	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee of the Committee of	he name and ad	dress of any political committee to	o solicit contributions from such committee.
Political Action Committee of the Am Full Name (Last, First, Middle Initial)	Terican Assoc	lation of Orthopaedic Surgeo	T I
Dr. Patrick B Leach, , MD Mailing Address Orthopedic Specialis 2531 Cleveland Ave		s	Date of Receipt 0 1 2 8 2 0 0 8
City 2531 Cleveland Ave	State State	Zip Code	Transaction ID: 27205131
Fort Myers	FL	33901-4900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Specialists of Southwest F Receipt For: ☐ Primary ☐ General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Scott Beecher Scutchfield, , MD Mailing Address 1591 Lexington Rd			Date of Receipt 0 1 2 8 2 0 0 8
City	State	Zip Code	Transaction ID: 27205133
Danville	KY	40422-9795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Univ of Kentucky	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD			Date of Receipt
Mailing Address 6770 Mayfield Rd Sto	e 441		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27205134
Mayfield Heights	OH	44124-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00
TOTAL This Period (last page this line numb		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 82 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Timothy Allen Gibbons, , MD Mailing Address 250 S Crescent D)r	Date of Receipt
City	State Zip Code	0 1 2 8 2 0 0 8 Transaction ID: 27205136
Mason City	IA 50401-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mason City Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Courtney W Brown, , MD		Date of Receipt
Mailing Address Panorama Ortho 660 Golden Ridg	e Rd Ste 250	01 28 7 2008
Calden	State Zip Code	Transaction ID: 27205140
Golden FEC ID number of contributing federal political committee.	CO 80401-9541	Amount of Each Receipt this Period 500.00
Name of Employer Panorama Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. George E Lewinnek, , MD		Date of Receipt
Mailing Address 33 Electric Ave S	te B03	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fitchburg	State Zip Code MA 01420-7954	Transaction ID: 27205141 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optic	onal)	1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 325 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William L Oppenheim, , MD Mailing Address LICLA Med Ctr		Date of Receipt
Mailing Address UCLA Med Ctr Rm 76-134 CHS		01 28 2008
City	State Zip Code	Transaction ID: 27205142
Los Angeles	CA 90095-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UCLA Medical Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Steven M Mardjetko, , MD		Date of Receipt
Mailing Address 9000 Waukegan Rd		01 28 7 2008
City	State Zip Code	Transaction ID: 27205143
Morton Grove	IL 60053-2127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Adolph V Lombardi, Jr, MD		Date of Receipt
Mailing Address Joint Implant Surged 7277 Smith's Mill Rd	Ste 200	01 28 2008
City New Albany	State Zip Code OH 43054-8195	Transaction ID: 27205144
FEC ID number of contributing federal political committee.	C 43034-6133	Amount of Each Receipt this Period 1000.00
Name of Employer Joint Implant Surgeons,	Occupation Orthopaedic Surgeon	
Inc Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line numb	er only)	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 325 (check only one) X 11a
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Roberts, , MD			Date of Receipt
	Mailing Address 24723 Detroit Rd			01 28 7 2008
	City Westlake	State OH	Zip Code 44145-2526	Transaction ID: 27205145
	FEC ID number of contributing federal political committee.	C	44143-2320	Amount of Each Receipt this Period
	Name of Employer Orthopaedic Associates	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD			Date of Receipt
	Mailing Address 979 E 3rd St Ste B202	2		01 28 2008
	City	State	Zip Code	Transaction ID: 27205146
	Chattanooga	<u>TN</u>	37403-2136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Tenn	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
 ;.	Full Name (Last, First, Middle Initial) Dr. Gregory William Stocks, , MD			Date of Receipt
	Mailing Address Fondren Orthopaedic 7401 S Main St	·		01 28 7 2008
	City	State	Zip Code	Transaction ID: 27205147
	Houston FEC ID number of contributing federal political committee.	C	77030-4509	Amount of Each Receipt this Period
	Name of Employer Fondren Orthopaedic Group	Occupation	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional).			3000.00
F	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	3000.00

Full Nam A. Dr. Joe L Mailing / City Birming FEC ID federal p Name of Orthopa of Alaba Receipt	nercial purposes, other than using to DF COMMITTEE (In Full) at Action Committee of the American (Last, First, Middle Initial). Gerald, , MD Address 2116 Southwinds Cingham number of contributing political committee. Employer edic Specialists ma	rcle State AL Occupation	ess of any political committee to	Date of Receipt On 1 28 2008 Transaction ID: 27205148 Amount of Each Receipt this Period
Politica Full Nan Dr. Joe L Mailing A City Birmine FEC ID federal p Name of Orthopa of Alaba Receipt	al Action Committee of the American (Last, First, Middle Initial) Gerald, MD Address 2116 Southwinds Cingham number of contributing solitical committee. Employer edic Specialists ma For: imary General	State AL C Occupation Orthopaed	Zip Code 35244-3298	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birming FEC ID federal p Name of Orthopa of Alaba Receipt	Address 2116 Southwinds Cingham number of contributing solitical committee. Employer edic Specialists ma For:	State AL C Occupation Orthopaed	35244-3298	Transaction ID: 27205148 Amount of Each Receipt this Period
City Birming FEC ID federal p Name of Orthopa of Alaba Receipt	gham number of contributing solitical committee. Employer edic Specialists ma For: imary General	State AL C Occupation Orthopaed	35244-3298	Transaction ID: 27205148 Amount of Each Receipt this Period
Birmin FEC ID federal p Name of Orthopa of Alaba Receipt	Employer edic Specialists ma For: General	AL C Occupation Orthopaed	35244-3298	Amount of Each Receipt this Period
FEC ID federal properties of Alaba Receipt	Employer edic Specialists ma For: General	Occupation Orthopaed		
Name of Orthopa of Alaba Receipt	Employer edic Specialists ma For: General	Orthopaed	lic Surgeon	
<u>of Alaba</u> Receipt	ma For: imary General		lic Surgeon	
	imary General	Aggregate	/aar ta Data 🔻	
		0 0	1000.00	
	ne (Last, First, Middle Initial) es J York, , MD	I		Date of Receipt
Mailing /	Address Chesapeake Ortho 8 Empire Medical Bldg			01 28 7 9 9 9
Class D		State	Zip Code	Transaction ID: 27205151
	number of contributing olitical committee.	C	21061-5877	Amount of Each Receipt this Period 300.00
Name of Chesap Medicin	Employer eake Ortho & Sports	Occupation Orthopaed	lic Surgeon	
	For: imary General her (specify) ♥	Aggregate Y	/ear-to-Date ▼ 300.00	
	ne (Last, First, Middle Initial) oh J Calandra, , MD			Date of Receipt
Mailing /	Address 2514 Harriet's Island	l Ct		01 28 7 9 9 9
City	Discount	State	Zip Code	Transaction ID: 27205153
FEC ID	Pleasant number of contributing political committee.	SC C	29466-8048	Amount of Each Receipt this Period 250.00
	Employer	Occupation Orthopaed	lic Surgeon	
	For: imary General her (specify) 🔻		/ear-to-Date ▼ 250.00	
SUBTOTA	L of Receipts This Page (optional))	1	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of the name and address of any political committee to the name and address of the name and a	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James A Keeney, , MD		Date of Receipt
Mailing Address 102 Yaupon Trail City	State Zip Code	0 1 2 8 2 0 0 8 Transaction ID: 27205155
San Antonio	TX 78256-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer USAF	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jose A Ramirez, , MD Mailing Address 325-E Kennedy Me	morial Dr	Date of Receipt
	monai bi	01 28 2008
City	State Zip Code	Transaction ID: 27205156
Waterville	ME 04901-4531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Billy Paul Leon, , MD		Date of Receipt
Mailing Address 130 W Route 66 St		01 28 7 2008
City	State Zip Code	Transaction ID: 27205157
Glendora	CA 91740-6251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	al)	900.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8//325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any p g the name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Sur	rgeons
Full Name (Last, First, Middle Initial) Dr. Pierre Durand, , MD		Date of Receipt
Mailing Address 375 Rolling Oaks I	Or Ste 200	01 28 2008
City Thousand Oaks	State Zip Code CA 91361-1027	Transaction ID: 27205158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 91301-1027	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Don A Kovalsky, , MD		Date of Receipt
Mailing Address 4121 Veterans Men	morial Dr	01 29 2008
City	State Zip Code	Transaction ID: 27220760
Mount Vernon	IL 62864-6262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer James C Chow, MD, Ltd	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD		Date of Receipt
Mailing Address Premier Orthopaec 5651 Frist Blvd Ste		01 29 2008
City Hermitage	State Zip Code TN 37076-2059	Transaction ID: 27220761
FEC ID number of contributing federal political committee.	C 37076-2099	Amount of Each Receipt this Period 1000.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	al)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American		
Full Name (Last, First, Middle Initial) Dr. Donald William Bryan, , MD Mailing Address 4403 Harrison Blvd Ste City Ogden FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84403-3277 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D D / Y Y Y Y Y O 1 29 2008 Transaction ID: 27220762 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Gregg Berkowitz, , MD Mailing Address 4247 Route 9 North Ble City Freehold FEC ID number of contributing federal political committee. Name of Employer Advanced Orthopaedics & Sports Med Ins Receipt For: Primary General	State Zip Code NJ 07728-8307 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M 29 2008 Transaction ID: 27220763 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Steven J Morgan, , MD Mailing Address Denver Health Med Ctr 777 Bannock St #0188 City Denver FEC ID number of contributing federal political committee. Name of Employer Denver Health Medical Ctr Receipt For:		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Roger A Mueller, , MD Mailing Address 4505 Memorial Cir City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer OSSO Receipt For:	State Zip Code OK 73142-5004 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 2 9 2 2 0 0 8 Transaction ID: 27220765 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, , MD	250.00	Date of Receipt
Mailing Address 28-04 Broadway City Fair Lawn FEC ID number of contributing federal political committee. Name of Employer Garden State Orthopaedics Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 07410-3913 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Transaction ID: 27220766 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. William D Allen, , MD Mailing Address Orthopedic Assoc C 2854 Bell St City Zanesville FEC ID number of contributing federal political committee. Name of Employer	Of Zanesville State Zip Code OH 43701-1721 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Orthopaedic Associates of Zanesville Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and add	dress of any political committee to	o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Dr. John D Bowman, , MD Mailing Address 8266 Atlee Rd Ste 13 City Mechanicsville FEC ID number of contributing federal political committee.	3 State VA	Zip Code 23116-1805	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer West End Orthopedic Clinic Receipt For: □ Primary □ General Other (specify) ▼		n edic Surgeon • Year-to-Date ▼ 250.00	
-	Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD Mailing Address 410 Saybrook Rd Ste	100		Date of Receipt 0 1 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27220769
	Middletown	CT	06457-4780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MOS, PC	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. John W Xerogeanes, , MD Mailing Address 265 Trimble Crst NE			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27220770
	Atlanta FEC ID number of contributing federal political committee.	GA C	30342-2489	Amount of Each Receipt this Period 500.00
	Name of Employer Emory University	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional).	1		1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 325 (check only one) X
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to the American Association of Orthopaedic Surgeon	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Urrea, , MD		Date of Receipt
Mailing Address 6211 Edgemere	e Blvd Ste 1	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 1 & & 2 & 9 & & 2 & 0 & 0 & 8 \end{bmatrix}$
City	State Zip Code	Transaction ID: 27220771
El Paso FEC ID number of contributing federal political committee.	TX 79925-3444	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD		Date of Receipt
Mailing Address 11 Cherry Ln		0 1 2 9 2 0 0 8
City Bedford	State Zip Code NH 03110-4339	Transaction ID: 27220801 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NH Orthopaedic Surgery, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James C Vailas, , MD		Date of Receipt
Mailing Address Orthopaedic Ce 35 Kosciuszko		01 29 2008
City Manchester	State Zip Code NH 03101-1608	Transaction ID: 27220802
FEC ID number of contributing federal political committee.	C 05101-1008	Amount of Each Receipt this Period 1000.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (op	tional)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 325 (check only one) X
	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, MD Mailing Address LICSD Dept of Orthor	andine.	Date of Receipt
Mailing Address UCSD Dept of Orthop 350 Dickinson St Ste		01 29 2008
City	State Zip Code	Transaction ID: 27220803
San Diego	CA 92103-1913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UCSD	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alexandre S Kindy, , MD		Date of Receipt
Mailing Address 101 3rd Ave SW Ste		01 29 7 2008
City	State Zip Code	Transaction ID: 27220804
Minot	ND 58701-3880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Trinity Health	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David Laurence Boardman, , MD		Date of Receipt
Mailing Address Sunnybrook Medical (Dept of Ortho Surgery	1	01 29 7 2008
City	State Zip Code	Transaction ID: 27220805
Clackamas	OR 97015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northwest Permanente, PC	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 93 / 325 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be name and address o	e sold or used by any perso of any political committee to	
Political Action Committee of the Ame	rican Association	of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD			Date of Receipt
Mailing Address 324 Roxbury Rd			01 29 2008
City	State Z	ip Code	Transaction ID: 27220806
Rockford	IL 6	1107-5090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rockford Orthopedic Assoc-	Occupation		
<u>iates</u>	Orthopaedic S	urgeon	
Receipt For:	Aggregate Year-	to-Date V	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Craig Robert Mahoney, , MD	<u> </u>		Date of Receipt
Mailing Address 2004 S 40th Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Z	ip Code	Transaction ID: 27220811
West Des Moines	IA 5	0265-5764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer lowa Ortho Center	Occupation Orthopaedic S	urgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-i	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory R Misenhimer, , MD			Date of Receipt
Mailing Address 104 Calle Cumbre			01 29 2008
City	State Z	ip Code	Transaction ID: 27220813
El Paso	TX 7	9912-3433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer El Paso Orthopedic Surgery Group	Occupation Orthopaedic S	urgeon	
Receipt For:	Aggregate Year-	to-Date V	
Primary General Other (specify) ▼	0 0 0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any personsing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. George R Bradbury, III, MD Mailing Address 150 N Avenida		Date of Receipt 0 1 2 9 2 0 0 8
City Tucson	State Zip Code AZ 85710-2112	Transaction ID: 27220814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Arizona Orthopedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Laurette A Chang, , MD Mailing Address PO Box 3474		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27220815
FORT STEWART FEC ID number of contributing federal political committee.	GA 31315-3474	Amount of Each Receipt this Period 250.00
Name of Employer U.S. Army	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John David Hannah, , MD Mailing Address 215 McNeel Ln		Date of Receipt
City	State Zip Code	0 1 2 9 2 0 0 8 Transaction ID: 27220818
North Platte	NE 69101-6054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Platte Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	ional)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to erican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Timothy W Talbert, , MD Mailing Address 216 W Union Ste A City Minden FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71055-3216 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M 29 29 2008 Transaction ID: 27220819 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Joseph M Erpelding, , MD Mailing Address 4770 Rockledge Rd City Billings FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59106-9523 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address	algreen Bldg 2505 State Zip Code IL 60201-1718 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M C 29 2008 Transaction ID: 27220823 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) .		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Harry Schmaltz, , MD Mailing Address 334 Main St Ste 1 City Dickson City FEC ID number of contributing federal political committee. Name of Employer Scranton Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code PA 18519-1668 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 2 9 2 2008 Transaction ID: 27220824 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. David Teuscher, , MD Mailing Address Beaumont Bone & 3650 Laurel Ave City Beaumont FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Joint Institute State Zip Code TX 77707-2216 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Paul G Johnson, , MD Mailing Address Park Nicollet Med C 6490 Excelsior Blvd City Saint Louis Park FEC ID number of contributing federal political committee. Name of Employer Park Nicollet Clinic Receipt For: Primary General Other (specify) Guidelia (Specify)	Ctr Ortho Dept	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 9 2 0 0 8 Transaction ID: 27220828 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional	l) >	3000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 325 (check only one) X
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Associat	ion of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Chase, , MD Mailing Address PO Box 8179			Date of Receipt
				01 29 2008
	City <u>St Thomas</u>	State VI	Zip Code 00801-1179	Transaction ID: 27220829 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Virgin Islands Orthopaedi- cs & Sports M	Occupation Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate Yo	ear-to-Date ▼	
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Edward R McDevitt, , MD	•		Date of Receipt
	Mailing Address Bay Area Orthopaedic 1300 Ritchie Hwy Ste	01 29 7 2008		
	City Arnold	State MD	Zip Code 21012-2244	Transaction ID: 27220830
	FEC ID number of contributing federal political committee.	C	21012-2244	Amount of Each Receipt this Period
	Name of Employer Bay Area Orthopaedics & Sports Medicin	Occupation Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, , MD			Date of Receipt
	Mailing Address Orthopaedic Associate 2002 Palmyra Rd Ste			01 29 7 2008
	City <u>Albany</u>	State GA	Zip Code 31701-1592	Transaction ID: 27220831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Orthopaedic Associates	Occupation Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		1800.00
\vdash	TOTAL This Period (last page this line number		•	

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 325 (check only one) X 11a
NAME OF COMM	TTEE (In Full)		y not be sold or used by any person dress of any political committee to lation of Orthopaedic Surgeo	on for the purpose of soliciting contributions a solicit contributions from such committee.
		nt Center		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27220832
<u>Baltimore</u>		MD	21287-0001	Amount of Each Receipt this Period
FEC ID number of federal political con		C		1000.00
Name of Employer Johns Hopkins Un	iversity	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, F Dr. Todd A Sacks, ,	MD			Date of Receipt
	Resurgens Orthopaedics 2041 Mesa Valley Way S	Ste 100	71.0	01 29 2008
City Austell		State GA	Zip Code 30106-6828	Transaction ID: 27220834
FEC ID number of federal political con		C	30100-0828	Amount of Each Receipt this Period 1000.00
Name of Employer Resurgens Orthop	aedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, F	'			Date of Receipt
Mailing Address	183 Peace Blvd			01 29 7 4 2008
City		State	Zip Code	Transaction ID: 27220835
Saint Joseph FEC ID number of federal political con		C	49085-9146	Amount of Each Receipt this Period 1000.00
Name of Employer SW Michigan Orth Med	o & Sports	Occupation	n edic Surgeon	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Recei	This Days (self-self)			3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (circox only only)
NAME OF COMMITTEE (In Full)		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Political Action Committee of the Ame	rican Association of Orthopaedic S	Surgeons
Full Name (Last, First, Middle Initial) Dr. Marc Romayne Davidson, , MD		Date of Receipt
Mailing Address 2088 Alpine Dr		0 1 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 27220836
West Linn	OR 97068-8618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Advantage Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.	00
Full Name (Last, First, Middle Initial) Dr. Edward Adrian Connolly, , MD		Date of Receipt
Mailing Address 520 Valley View Dr		01 29 2008
City	State Zip Code	Transaction ID: 27220837
Moline	IL 61265-6152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Dr. Thomas E Menke, , MD	<u> </u>	Date of Receipt
Mailing Address Orthopaedic Consultar 1760 Nicholasville Rd		01 29 2008
City	State Zip Code	Transaction ID: 27220838
Lexington	KY 40503-1474	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Consultants	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2250.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 325 (check only one)		
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Scott P Steinmann, , MD			Date of Receipt		
Mailing Address Mayo Grad School 200 First St SW	of Medicine		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Rochester	State MN	Zip Code 55905-0001	Transaction ID: 27220839 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Mayo Clinic	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Peter C Amadio, , MD			Date of Receipt		
Mailing Address Mayo Clinic 200 1st St S W			01 29 2008		
City Rochester	State MN	Zip Code 55905-0001	Transaction ID: 27220841		
FEC ID number of contributing federal political committee.	C	33903-0001	Amount of Each Receipt this Period 250.00		
Name of Employer Mayo Clinic	Occupation Orthopae	n edic Surgeon			
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	250.00			
Full Name (Last, First, Middle Initial) Dr. David M Dines, , MD			Date of Receipt		
Mailing Address 935 Northern Blvd	Mailing Address 935 Northern Blvd Ste 303				
City	State	Zip Code	Transaction ID: 27220842		
Great Neck FEC ID number of contributing federal political committee.	C	11021-5328	Amount of Each Receipt this Period 500.00		
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General	- ' ' ' ' ' ' ' '	e Year-to-Date ▼			
Other (specify)		500.00			
SUBTOTAL of Receipts This Page (options	al)		1250.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 325 (check only one) X
or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		Tallott of Otthopaedic outget	
	Dr. John J Giacchetto, , MD Mailing Address Medical Office Bldg 330 Washington St St	e 320		Date of Receipt 0 1 2 9 2 0 0 8
•	City	State	Zip Code	Transaction ID: 27220843
	Norwich	CT	06360-2700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
,	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert P Lyons, , MD			Date of Receipt
	Mailing Address Penn State Milton Her 500 Univeristy Dr, PO	Box 850		01 29 2008
	City	State	Zip Code	Transaction ID: 27220844
•	Hershey FEC ID number of contributing federal political committee.	C	17033-2360	Amount of Each Receipt this Period 500.00
	Name of Employer Penn State Milton S. Hers- hey Med Ctr	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Rodolfo E Lawson, , MD Mailing Address 7150W 20th Ave Ste 2	215		Date of Receipt 0 1 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27220846
	Hialeah	FL	33016-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	 	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SL	JBTOTAL of Receipts This Page (optional)	-		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 325 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Louis J Mariorenzi, , MD			Date of Receipt
	Mailing Address 725 Reservoir Ave St	te 101		01 29 2008
	City	State	Zip Code	Transaction ID: 27220849
	Cranston	RI	02910-4450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Associates, Inc	Occupatio	on edic Surgeon	
	Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial) Dr. Susan E Stephens, , MD			Date of Receipt
	Mailing Address 1776 Chartley			01 29 2008
	City	State	Zip Code	Transaction ID: 27220850
	Gates Mills	OH	44040-9725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. William G Hamilton, , MD			Date of Receipt
	Mailing Address 8299 Glen Cove Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27220851
	Alexandria	VA	22308-1657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Anderson Orthopaedic Clin- ic	- '	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
				1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joel D Thompson, , MD Mailing Address 4396 N Atfield PI City Tucson	State AZ	Zip Code 85719-1175	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southwest Hand Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon e Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Burt F Taylor, Jr, MD Mailing Address PO Box 86144			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27220855
Mobile	AL	36689-6144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Orthopedic Group	- , '	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. M Bradford Henley, , MD, MBA	•		Date of Receipt
Mailing Address Harborview Orthopa Box 359798		75.0.4	01 29 2008
City <u>Seattle</u>	State WA	Zip Code 98195-9798	Transaction ID: 27220856 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30103 3730	250.00
Name of Employer University of Washington	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 325 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Kevin Coupe, , MD			Date of Receipt
	Mailing Address 10333 Kuykendahl Ste	e D		01 29 2008
	City The Weedlende	State	Zip Code	Transaction ID: 27220861
	The Woodlands FEC ID number of contributing federal political committee.	C	77382-2878	Amount of Each Receipt this Period 250.00
	Name of Employer Fondren Ortho Group	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Martin Gillespie, , MD			Date of Receipt
	Mailing Address 1058 Valley View Dr			01 29 2008
	City	State	Zip Code	Transaction ID: 27220862
	Latrobe	PA	15650-4721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	_{on} edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 >.	Full Name (Last, First, Middle Initial) Dr. Scott M Morrell, , MD			Date of Receipt
	Mailing Address 3211 Iris Dr			01 29 7 2008
	City	State	Zip Code	Transaction ID: 27220863
	Covington	GA	30016-0907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Resurgeons, PC	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
F	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to smerican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gerald Q Greenfield, Jr, MD Mailing Address 2829 Babcock Rd S City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	te 700 State Zip Code TX 78229-6015 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M Z 9 Z 0 0 8 Transaction ID: 27220868 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey B Burnette, , MD Mailing Address Wm Beaumont Arm 5005 N Piedras St City El Paso FEC ID number of contributing federal political committee. Name of Employer U S Army	y Med Ctr State Zip Code TX 79920-5001 C Occupation Orthopaedic Surgeon	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dennis P Rivero, , MD Mailing Address Univ of New Mexico MSC 10-5600 Dept of City Albuquerque FEC ID number of contributing federal political committee. Name of Employer		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer UNM Health Science Center Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date 250.00	750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 325 (check only one) X
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
\. _ <u> </u>	Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD Mailing Address Inter-Community Prof			Date of Receipt
-	315 N 3rd Ave Ste 302 Dity	: State	Zip Code	0 1 2 9 2 0 0 8 Transaction ID: 27220872
	Covina	CA	91723-1916	Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Self Employed Receipt For:	. ' 	n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
. [Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD Mailing Address 101 E Minnesota Ave			Date of Receipt 0 1 29 2008
-	City	State	Zip Code	Transaction ID: 27220875
	Rapid City	SD	57701-7756	Amount of Each Receipt this Period
- F	FEC ID number of contributing ederal political committee.	C		250.00
<u>-</u> !	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert John D'Agostini, , MD Mailing Address 1590 Rt 206 N Ste 101			Date of Receipt 0 1 2 9 2 0 0 8
(City	State	Zip Code	Transaction ID: 27220876
!	Bedminster	NJ	07921	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Self Employed		edic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to	
	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. William J Williams, , MD		Date of Receipt
Mailing Address 933 Alpine Ave	Stata Zin Coda	01 29 2008
City Boulder	State Zip Code CO 80304-3305	Transaction ID: 27220878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Boulder Orthopedic, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John K Bradway, , MD		Date of Receipt
Mailing Address 10213 N 92nd St Ste	01 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 27220881
Scottsdale	AZ 85258-4561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David Farrington Pope, , MD		Date of Receipt
Mailing Address 224 Pecan Park Ave		01 29 2008
City	State Zip Code	Transaction ID: 27220882
Alexandria	LA 71303-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ortho & Sports Medcine Sp- ecialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	500.00	
		1250.00

Name of Employer City Primary Primary General Other (specify) PC Ptill Name (Last, First, Middle Initial) Dr. Peter F Sharkey, MD Mailing Address Philadelphia PA 19107-4206 FEC ID number of contributing federal Other (specify) Primary General Other (specify) Primary General Other (specify) Tanasaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Tanasaction ID: 27220893 Amount of Each Receipt this Period Pa 1000.00 Date of Receipt Tanasaction ID: 27220893 Amount of Each Receipt this Period Primary General Other (specify) Tanasaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Tanasaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Tanasaction ID: 27220894 Amount of Each Receipt Tanasaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period Tanasaction ID: 27220894 Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Mailing Address 1801 N Senate Blvd City State Zip Code Indianapolis IN 46202-1228 FEC ID number of contributing federal political committee. Name of Employer Griv General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter F Sharkey, MD Mailing Address Thomas Jefferson Univ Hosp 25 Chestnut St 5th F City Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Receipt For: Receipt For: Receipt First, Middle Initial) Dr. Peter F Sharkey, MD Mailing Address Thomas Jefferson Univ Hosp 25 Chestnut St 5th F City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Receipt Fo	or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
A. Dr. Andrew J Vicer. MD Mailing Address 1801 N Senate Blvd City State Zip Code Indianapolis IN 46202-1228 FEC ID number of contributing federal political committee. Name of Employer Orthology Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Pill Name (Last, First, Middle Initial) Dr. Peter F Sharkay, MD Mailing Address Thomas Jefferson Univ Hosp 925 Chestnut St St h FI City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. City Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. City General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum., MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Philadelphia PA 15215-3234 Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum., MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Philadelphia PA 15215-3234 Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum., MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Philadelphia PA 15215-3234 FEC ID number of contributing federal political committee. City State Zip Code Philadelphia PA 15215-3234 Fec ID number of contributing federal political committee. City Aggregate Year-to-Date ▼ Transaction ID: 27220893 Amount of Each Receipt his Period Date of Receipt Name of Each Receipt his Period Date of Receipt Date Philadelphia PA 15215-3234 Amount of Each Receipt his Period Date of Receipt Date Philadelphia PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Period Date PA 15215-3234 Amount of Each Receipt his Pack Pa 15215-3234 Amount of Each Receipt his Pack Pack Pack Pack Pack		merican Association of Orthopaedic Surgeo	ons			
City State Zip Code IN 45202-1228 FEC ID number of contributing federal political committee. Name of Employer Ortho Indy Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter F Sharkey, MD Mailing Address Thomas Jefferson Univ Hosp 925 Chestnut St 5th Fl City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. C Cuupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Tor. Transaction ID: 27220893 Amount of Each Receipt Initial) Dr. 299 200.8 Transaction ID: 27220893 Amount of Each Receipt this Period Transaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Tor. Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon FEC ID number of contributing federal political committee. C Date of Receipt Tor. Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon	Dr. Andrew J Vicar, , MD					
Indianapolis IN 46202-1228 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Reconstructive Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Tore State Zip Code Transaction ID: 27220893 Amount of Each Receipt this Period Transaction ID: 27220893 Amount of Each Receipt this Period Transaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220893 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220894 Pittsburgh PA 15215-3234 FEC ID number of contributing federal political committee. C Indianapolitical committee. C Indianapolitical Committee. Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt Transaction ID: 27220894 Transactio			01 29 2008			
FEC ID number of contributing federal political committee. Name of Employer Othor (specify) ▼	-	· · ·				
Ortho Indy Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter F Sharkey. MD Mailing Address Thomas Jefferson Univ Hosp 925 Chestnut St 5th FI City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Reconstructive Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum. MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Phinadelic Surgeon Aggregate Year-to-Date ▼ Pill Name (Last, First, Middle Initial) Dr. Jeffrey A Baum. MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Phinadelic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code Diamont of Each Receipt this Period Diamont of Each Receipt Tor. Diamont of Each	FEC ID number of contributing		500.00			
Primary General Other (specify) ▼ 500.00 Primary Other (specify) ▼ 500.00 Primary Other (specify) ▼ 500.00 Primary General Other (specify) ▼ 500.00 Pate of Receipt	Name of Employer Ortho Indy	· ·				
Mailing Address Thomas Jefferson Univ Hosp 925 Chestnut St 5th FI City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Reconstructive Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ State Zip Code Philadelphia PA 19107-4206 Transaction ID: 27220893 Amount of Each Receipt this Period Toccupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Pittsburgh PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer UPMC Occupation Occupation Occupation Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Indoo.00 Date of Receipt Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period Transaction ID: 27220894 Amount of Each Receipt this Period	Primary General	500.00				
City State Zip Code Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. C			Date of Receipt			
Philadelphia PA 19107-4206 FEC ID number of contributing federal political committee. Name of Employer Reconstructive Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum, MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer Coccupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	925 Chestnut St 5th	925 Chestnut St 5th Fl				
FEC ID number of contributing federal political committee. Name of Employer Reconstructive Orthopaedic Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum, MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27220894 Amount of Each Receipt this Period Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00		•				
Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum, MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Pittsburgh PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FEC ID number of contributing					
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum, , MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Pittsburgh PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Name of Employer Reconstructive Orthopaedic Associates	· ·				
Dr. Jeffrey A Baum, , MD Mailing Address 200 Delafield Rd Ste 1040 City State Zip Code Pittsburgh PA 15215-3234 FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / 2 9 / 2 0 0 8 Transaction ID: 27220894 Amount of Each Receipt this Period 1000.00	Primary General]			
City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary Other (specify) ▼ State Zip Code PA 15215-3234 C Transaction ID: 27220894 Amount of Each Receipt this Period 1000.00			Date of Receipt			
Pittsburgh PA 15215-3234 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer UPMC Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 1000.00	Mailing Address 200 Delafield Rd St	e 1040				
FEC ID number of contributing federal political committee. Name of Employer UPMC Occupation Orthopaedic Surgeon Receipt For: Primary Other (specify) Aggregate Year-to-Date 1000.00	•	•				
Receipt For: Primary General Other (specify)	FEC ID number of contributing		1000.00			
Primary General Other (specify) ▼ 1000.00	Name of Employer UPMC					
	Primary General					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optiona	l)	2500.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 325 (check only one) X
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD			Date of Receipt
	Mailing Address Plymouth Bay Orthop 95 Tremont Ste One	edic Assoc		01 29 2008
	City	State	Zip Code	Transaction ID: 27220895
	Duxbury FEC ID number of contributing federal political committee.	C	02332-4738	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. James K McKechnie, , MD			Date of Receipt
	Mailing Address 103 Professional Plz			01 29 2008
	City	State	Zip Code	Transaction ID: 27220896
	Mattoon FEC ID number of contributing federal political committee.	C	61938-9252	Amount of Each Receipt this Period 1000.00
	Name of Employer LTOC, S.C	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. David A Dodgin, , MD			Date of Receipt
	Mailing Address 19352 Briar Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27220897
	Bloomington FEC ID number of contributing federal political committee.	C	61704-4035	Amount of Each Receipt this Period 1000.00
	Name of Employer Orthopedic Sports Medicine Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		3000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
	eports and Statements may not be sold or used by any pers an using the name and address of any political committee to	
NAME OF COMMITTEE (In Full Political Action Committee) If the American Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Ini Dr. Patrick M Sullivan, , MD	<u> </u>	Date of Receipt
Mailing Address 6001 Westo		01 29 2008
City West Des Moines	State Zip Code IA 50266-7702	Transaction ID: 27220898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer DMOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Ini Dr. Thomas John Haverbush, , MD	·	Date of Receipt
Mailing Address 315 E Warv	01 29 2008	
City	State Zip Code	Transaction ID: 27220900
Alma	MI 48801-1083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Ini Dr. Samuel J Snyder, , MD	tial)	Date of Receipt
Mailing Address 57 Leach Av	ve	0 1 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 27220902
Park Ridge FEC ID number of contributing federal political committee.	NJ 07656-1908	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	itatements may name and add	not be sold or used by any perso dress of any political committee to	
Political Action Committee of the Amer	rican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Douglas W Lundy, , MD			Date of Receipt
Mailing Address 61 Whitcher #1100			01 29 2008
City	State	Zip Code	Transaction ID: 27220903
<u>Marietta</u>	GA	30060-1177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		
Receipt For:		dic Surgeon	\dashv
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Frank J Eismont, , MD	1		Date of Receipt
Mailing Address Univ of Miami School of Dept of Orthopaedics	of Med		01 29 2008
City	State	Zip Code	Transaction ID: 27220904
<u>Miami</u>	FL	33101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of Miami Miller School of M	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John Larry Fambrough, , MD			Date of Receipt
Mailing Address 15781 Professional Pla	aza		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27220906
<u>Hammond</u>	LA	70403-1452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ris
Full Name (Last, First, Middle Initial) Dr. William N Capello, , MD Mailing Address Indiana University		Date of Receipt
541 Clinical Dr Rm CL	_600	01 29 2008
City	State Zip Code	Transaction ID: 27220908
<u>Indianapolis</u>	IN 46202-5233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Indiana University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Raymond M P Sherman, , MD		Date of Receipt
Mailing Address 114 Doral Ln		0 1 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 27220909
North Sioux City	SD 57049-5394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Louis U Bigliani, , MD		Date of Receipt
Mailing Address PH-1130 Center 622 W 168th St		01 29 7 7 7 7
City	State Zip Code	Transaction ID: 27220910
New York	NY 10032-3720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbia University	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Thomas Fisher, , MD Mailing Address 52 Thomas Johnson City Frederick FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialists of Frederick Receipt For: Primary General	State Zip Code MD 21702-4300 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Casey R Bartman, , MD Mailing Address 751 Kenmoor, S E City	State Zip Code	Date of Receipt 0 1
Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed	MI 49546-2388 C Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stewart Shanfield, , MD Mailing Address 101 Laguna Rd Ste City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Fullerton FEC ID number of contributing federal political committee.	CA 92835-3635	Amount of Each Receipt this Period 1000.00
Name of Employer Fullerton Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 325 (check only one) X
	information copied from such Reports and S or commercial purposes, other than using the IAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ame	erican Assoc	lation of Orthopaedic Surged	ons
. <u> </u>	full Name (Last, First, Middle Initial) Dr. David Thomas Sowa, , MD Mailing Address 301 Center Meeting Ro			Date of Receipt
_				01 29 2008
	City Wilmington	State DE	Zip Code	Transaction ID: 27231485
F	Wilmington EC ID number of contributing ederal political committee.	C	19807-1307	Amount of Each Receipt this Period 1000.00
N F	lame of Employer irst State Orthopaedics	Occupatio	n edic Surgeon	
F	Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Or. Thomas C Schuler, , MD	<u> </u>		Date of Receipt
IV.	Mailing Address 1831 Wiehle Ave 2nd	FI		01 29 2008
	City	State	Zip Code	Transaction ID: 27231488
_	Reston	VA	20190-5266	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		750.00
/	lame of Employer /irginia Spine Institute	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	7
	Full Name (Last, First, Middle Initial) Or. Charles D Cardenas, , MD			Date of Receipt
N	Mailing Address Calallen Orthopaedics 14317 Northwest Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Corpus Christi	State TX	Zip Code 78410-5536	Transaction ID: 27231489
F	EC ID number of contributing ederal political committee.	C	76410-5550	Amount of Each Receipt this Period 250.00
Ŋ	lame of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUI	BTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas L Erickson, , MD Mailing Address 1780 E Florence Blvc City	d Ste 106	Zip Code	Date of Receipt M
Casa Grande FEC ID number of contributing federal political committee.	AZ C	85222-4782	Amount of Each Receipt this Period 1000.00
Name of Employer Sierra Orthopaedics PC Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert A Kelly, , MD Mailing Address 270 Chastain Rd NW	,		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27231491
Kennesaw	GA	30144-3012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopaedics	_ ' ' _ ' _ ' _ ' _ ' _ ' _ ' _ ' _ ' _	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Berton R Moed, , MD			Date of Receipt
Mailing Address 801 S Skinker Apt 6a	l		01 29 2008
City	State	Zip Code	Transaction ID: 27231493
Saint Louis	MO	63105-3228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St Louis University		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such R or for commercial purposes, other the	eports and Statements may not be sold or used by any pe an using the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full Political Action Committee) of the American Association of Orthopaedic Surg	eons			
Full Name (Last, First, Middle Ini Dr. Carlton G Savory, , MD, FACS	<u> </u>	Date of Receipt			
Mailing Address 6262 Vetera		01 29 2008			
City Columbus	State Zip Code GA 31909-3540	Transaction ID: 27231495			
FEC ID number of contributing federal political committee.	C 31909-3340	Amount of Each Receipt this Period 250.00			
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Ini Dr. Jeffrey Evan Budoff, , MD	<u> </u>	Date of Receipt			
Baylor Colle	Baylor College of Med-Dept of Orth				
City Houston	State Zip Code TX 77030-2348	Transaction ID: 27231496			
FEC ID number of contributing federal political committee.	TX 77030-2348	Amount of Each Receipt this Period 250.00			
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Ini Dr. Daniel E Matthews, , MD	ial)	Date of Receipt			
Mailing Address 139 McIntos	h Bluff	01 29 7 7 7 7			
City	State Zip Code	Transaction ID: 27231497			
<u>Fairhope</u>	AL 36532-3327	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Bayside Orthopaedics	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page	(optional)	1000.00			
	line number only)				

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 325 (check only one) X
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. David L Bankoff, , MD Mailing Address 53880 Carmichael Dr City South Bend FEC ID number of contributing federal political committee. Name of Employer South Bend Orthopaedics Receipt For: Primary General Other (specify)		Zip Code 46635-1567 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ В.	Full Name (Last, First, Middle Initial) Dr. Anthony J Shaia, , MD Mailing Address 7650 E Parham Rd Ste City Richmond FEC ID number of contributing federal political committee. Name of Employer WEOC Receipt For: Primary General Other (specify)	State VA C Occupation Orthopae	Zip Code 23294-4373 on edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt M M M / 29 / 2008 Transaction ID: 27231499 Amount of Each Receipt this Period 500.00
_ С.	Full Name (Last, First, Middle Initial) Dr. Arthur L Malkani, , MD Mailing Address 201 Abraham Flexner N City Louisville FEC ID number of contributing federal political committee. Name of Employer University of Louisville Receipt For: Primary General Other (specify)	State KY C Occupation Orthopae	Zip Code 40202-3841	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			2500.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 325 (check only one) X
NAME	OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Politic	cal Action Committee of the Amer	rıcan Assoc	iation of Orthopaedic Surged	ons
Dr. Fred	ume (Last, First, Middle Initial) d C Redfern, , MD			Date of Receipt
Mailing	Address 600 Whitney Ranch Dr	Ste D22		01 29 2008
City		State	Zip Code	Transaction ID: 27231501
<u>Hende</u>	erson	NV	89014-2632	Amount of Each Receipt this Period
	number of contributing political committee.	C		1000.00
	of Employer nployed	Occupatio Orthopae	n edic Surgeon	
Receip		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	ume (Last, First, Middle Initial) ndeep S Kahlon, , MD			Date of Receipt
Mailing	Address 4745 Ogletown-Stanton	01 30 YYYYY 2008		
City		State	Zip Code	Transaction ID: 27236875
<u>Newa</u>	rk	DE	19713-1340	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name of First S	of Employer tate Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	rt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Dr. Joh	nme (Last, First, Middle Initial) n D Bailey, , MD Address 4140 Centennial Hills E			Date of Receipt
	740 Centennal Fills E	Sivu Sie C		01 30 2008
City		State	Zip Code	Transaction ID: 27236877
Caspe		WY	82609-3265	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Caspei <u>ates</u>	of Employer r Orthopaedic Associ-		edic Surgeon	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	AL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck drilly drie)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Association of Officpaedic	- I
Dr. David Huang, , MD Mailing Address Texoma Med Ctr		Date of Receipt M
1518 10th St City	State Zip Code	Transaction ID: 27236878
Wichita Falls	TX 76301-4405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Dr. James R Kasser, , MD		Date of Receipt
Mailing Address Children's Hospital 300 Longwood Ave		01 30 2008
City	State Zip Code	Transaction ID: 27236879
Boston	MA 02115-5724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500	.00
Full Name (Last, First, Middle Initial) Dr. Robert C Martin, , DO		Date of Receipt
Mailing Address 901 N Winstead Ave	Ste 210	01 30 2008
City	State Zip Code	Transaction ID: 27236881
Rocky Mount	NC 27804-8745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolina Regional Orthopa- edics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500	.00
SUBTOTAL of Receipts This Page (optional) .		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 120 / 325 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not name and address	be sold or used by any person of any political committee to	
Political Action Committee of the Ame	rican Association	n of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Frederick N Meyer, , MD			Date of Receipt
Mailing Address 6505 Sugar Pointe Ct			0 1 3 0 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27236882
<u>Mobile</u>	AL	36695-2741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of South Alaba-	Occupation		
<u>ma</u>	Orthopaedic		
Receipt For:	Aggregate Yea	r-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Felix H Savoie, III, MD			Date of Receipt
Mailing Address Dept of Ortho 1430 Tulane Ave SL-3.	2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 27236883
New Orleans	LA	70112-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tulane University	Occupation Orthopaedic	Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jerome Conrad Bernhoft, , MD			Date of Receipt
Mailing Address Muir Orthopaedic Spec 2405 Shadelands Dr S			0 1 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27236884
Walnut Creek	CA	94598-5905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Muir Orthopaedic Speciali- sts	Occupation Orthopaedic	Surgeon	
Receipt For:	Aggregate Yea	r-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00]
SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form	Use separate scheduler for each category of the Detailed Summary Page	(Crieck only one)
or for commercial purposes, other than u	ts and Statements may not be sold or used by any sing the name and address of any political committee American Association of Orthopaedic S	
Full Name (Last, First, Middle Initial) Dr. Richard A Cautilli, Jr, MD Mailing Address Cautilli Orthopa	edic Surgical Spec	Date of Receipt
115 Floral Vale	Blvd Ste C	01 30 2008
City Yardley	State Zip Code PA 19067-5522	Transaction ID: 27236885
FEC ID number of contributing federal political committee.	PA 19067-5522	Amount of Each Receipt this Period 1000.00
Name of Employer Cautilli Orthopaedic Surg- ical Speciali Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.0	00
Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD Mailing Address 2120 N MacArtl		Date of Receipt
City	State Zip Code	01 30 2008
Irving	TX 75061-2260	Transaction ID: 27236886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	00
Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, , MD		Date of Receipt
Mailing Address Orthopaedic Sp 280 S Main St S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27236887
Orange FEC ID number of contributing federal political committee.	CA 92868-3852	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUPTOTAL of Possints This Page (on	tional)	3000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 122 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be the name and address of	sold or used by any perso any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association o	of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gregory Scott DiFelice, , MD			Date of Receipt
Mailing Address 500 E 77th St Apt 2			01 30 7 9 9 9
City		o Code	Transaction ID: 27236888
New York	NY 10)162-0028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer NYMA	Occupation Orthopaedic Su	ırgeon	7
Receipt For:	Aggregate Year-to	_ •	
Primary General Other (specify) ▼	0 0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Murray Allan Morrison, , MD	'		Date of Receipt
Mailing Address Orthopaedic Specia 75 Kings Hwy Cuto			01 30 7 9 9 9
City	State Zip	o Code	Transaction ID: 27236889
Fairfield	CT 06	824-5340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Surgery Group, PC	Occupation Orthopaedic Su	ırgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark D Perry, , MD			Date of Receipt
Mailing Address University of South Dept of Orthopaedic	Surgery		01 30 7 2008
City	•	o Code	Transaction ID: 27236892
Mobile	AL 36	6693-3330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of South Alaba- ma	Occupation Orthopaedic Su	ırgeon	
Receipt For:	Aggregate Year-to	o-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
,	Full Name (Last, First, Middle Initial) Dr. David R Lionberger, , MD			Date of Receipt
	Mailing Address 6560 Fannin Ste 1016	o .		02 01 2008
	City	State	Zip Code	Transaction ID: 27238014
	Houston	TX	77030-2725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, , MD	1		Date of Receipt
	Mailing Address 909 SW Mulvane St			02 / 01 / 2008
	City	State	Zip Code	Transaction ID: 27238015
	Topeka	KS	66606-1677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kansas Orthopaedic & Spor-	Occupatio		
	ts Medicine		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Riederman, , MD			Date of Receipt
	Mailing Address 2700 Quarry Lake Dr	Ste 300		02 01 2008
	City	State	Zip Code	Transaction ID: 27238016
	Baltimore	MD	21209-3746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ortho Maryland		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
	UBTOTAL of Receipts This Page (optional)	1		1500.00

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 325 (check only one) X
NAME	nation copied from such Reports and Simercial purposes, other than using the OF COMMITTEE (In Full) all Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Jose Mailing City	me (Last, First, Middle Initial) eph Thomas Johnson, , MD Address 1765 Old West Broad S Bldg 2 Ste 200	State	Zip Code	Date of Receipt 0 2 0 1 2 0 0 8 Transaction ID: 27238017
	S number of contributing political committee.	GA	30606-2853	Amount of Each Receipt this Period 250.00
Receip	of Employer t For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 250.00	
Dr. Will	me (Last, First, Middle Initial) iam P Barrett, , MD Address 4011 Talbot Rd S Ste 3	300		Date of Receipt 0 2 0 1 2 0 0 8
City		State	Zip Code	Transaction ID: 27238018
	n number of contributing political committee.	C	98055-5791	Amount of Each Receipt this Period 1000.00
Name o Prolian	of Employer ce Surgeons	Occupatio Orthopae	n edic Surgeon	
	t For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
Dr. Dou	me (Last, First, Middle Initial) Iglas Mark Cooper, , MD Address Marshalltown Orthopae	edics		Date of Receipt
City	312 E Main St Ste 2400	0	Zin Codo	02 01 2008
City Marsh	nalltown	State IA	Zip Code 50158-1885	Transaction ID: 27238019 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	С		1000.00
Name o Marsha	of Employer alltown Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOT	AL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	Statements may not be sold or used by any persename and address of any political committee the serican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD Mailing Address 705 S University Ave City Beaver Dam FEC ID number of contributing federal political committee. Name of Employer Beaver Dam Orthopaedic Clinic Receipt For: Primary General Other (specify)	State Zip Code WI 53916-3071 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M D D 2008 Transaction ID: 27238020 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Harold S Boyd, , MD Mailing Address 1600 State St NE City Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97301-4257 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 0 8 Transaction ID: 27238021 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Richard E Grant, , MD Mailing Address Dept of Ortho Surgery 11100 Euclid Ave City Cleveland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44106-1716 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 0 8 Transaction ID: 27238025 Amount of Each Receipt this Period 400.00
SUBTOTAL of Receipts This Page (optional) .		2400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 325 (check only one) X
Any or f	y information copied from such Reports and S or commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. Jorge Manuel Cabrera, , MD			Date of Receipt
	Mailing Address 6341 Sunset Dr Ste 10	00		02 01 2008
	City	State	Zip Code	Transaction ID: 27238026
	South Miami	FL	33143-4842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Mark J Sinnreich, , MD			Date of Receipt
	Mailing Address Extremity Preservation 4701 Meridian Ave	n, Inc		02 01 2008
	City	State	Zip Code	Transaction ID: 27238027
	Miami Beach FEC ID number of contributing federal political committee.	C	33140-2910	Amount of Each Receipt this Period 250.00
	Name of Employer Extremity Preservation, Inc	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 c.	Full Name (Last, First, Middle Initial) Dr. Mark E Steiner, , MD	1		Date of Receipt
	Mailing Address 7 Hewins Farm Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27238030
	Wellesley Hills	MA	02481-6838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any per- ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. William R Ford, Jr, MD		Date of Receipt
Mailing Address 2345 E Prater Way S		02 04 2008
City	State Zip Code NV 89434-9639	Transaction ID: 27238033
Sparks FEC ID number of contributing federal political committee.	NV 89434-9639	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James A Albright, , MD		Date of Receipt
Mailing Address 3932 Fairfield Ave		02 04 2008
City	State Zip Code	Transaction ID: 27238034
Shreveport	LA 71106-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Michael M Durkee, , MD		Date of Receipt
Mailing Address 2751 Northgate Dr		02 / 04 / 2008
City	State Zip Code	Transaction ID: 27238035
lowa City	IA 52245-9509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Steindler Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 325 (check only one) X 11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
<u></u>	Full Name (Last, First, Middle Initial) Dr. Matthew R Hwang, , MD			Date of Receipt
	Mailing Address St Cloud Ortho Assoc 1555 Northway Dr	;		02 04 2008
	City	State	Zip Code	Transaction ID: 27238036
	Saint Cloud	MN	56303-4555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Cloud Orthopedic Assoc	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph P lannotti, , MD, PhD			Date of Receipt
	Mailing Address Cleveland Clinic Foun 9500 Euclid Ave A-41	dation		02 04 2008
	City	State	Zip Code	Transaction ID: 27238037
	Cleveland	OH	44195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cleveland Clinic	Occupatio	n edic Surgeon	
	Receipt For:	<u> </u>	e Year-to-Date	
	Primary General	Aggregate	1 1 1 1 1 1 1	7
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Gillespy, , MD	•		Date of Receipt
	Mailing Address 1075 Mason Ave			02 04 2008
	City	State	Zip Code	Transaction ID: 27238038
	Daytona Beach	FL	32117-4611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	, ' 	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	UBTOTAL of Receipts This Page (optional) .	1		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William John Hopkinson, , MD Mailing Address Loyola Univ Med Ctr 2160 S 1st Ave City	State	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Maywood FEC ID number of contributing federal political committee.	C	60153-3328	Amount of Each Receipt this Period 1000.00
Name of Employer Loyola Univ Medical Ctr Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Gregory A Vrabec, , MD Mailing Address Akron General Med Dept of Orthopaedic	Surgery		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27238042
Akron FEC ID number of contributing federal political committee.	ОН	44302	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David B Robie, , MD			Date of Receipt
Mailing Address 6585 Plesenton Dr S	3		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 27238043
Worthington	OH	43085-3090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ohio Orthopedic Center of Excellence		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
			•

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Lee Granberry, , MD Mailing Address 3610 Springhill Mel City Mobile FEC ID number of contributing federal political committee. Name of Employer Alabama Orthopaedic Clinics, PC Receipt For: Primary General Other (specify)	State Zip Code AL 36608-1162 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 0 8 Transaction ID: 27238044 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. J Ollie Edmunds, Jr, MD Mailing Address Tulane University C Ste 1500 Tidewater City New Orleans FEC ID number of contributing	State Zip Code LA 70112	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 0 8 Transaction ID: 27238045 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD Mailing Address Lenox Hill Hosp-W 130 E 77th St 11th City New York FEC ID number of contributing federal political committee.	Black Hall FI State Zip Code NY 10075-1851	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 0 0 8 Transaction ID: 27238047 Amount of Each Receipt this Period 1000.00
Name of Employer Lenox Hill Hospital Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (options	al)	3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 325 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
Political Action Committee of the Ame	rican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Alan S Routman, , MD		Date of Receipt
Mailing Address North Ridge Medical P 5601 N Dixie Hwy Ste	laza 210	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 27238048
Oakland Park	FL 33334-4145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Clarence L Shields, Jr, MD	<u> </u>	Date of Receipt
Mailing Address Kerlan Jobe Clinic 6801 Park Ter 5th Fl		02 04 2008
City	State Zip Code	Transaction ID: 27238049
Los Angeles	CA 90045-1543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Kerlan Jobe Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul Calvin Collins, , MD	<u> </u>	Date of Receipt
Mailing Address 1520 W State St Ste22	20	0 2 0 4 2 0 0 8
City	State Zip Code	Transaction ID: 27238050
Boise	ID 83702-4085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Intermountain Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph P Pizzurro, , MD Mailing Address 537 Franklin Ave City Wyckoff FEC ID number of contributing federal political committee.	State Zip Code NJ 07481-1344	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Leonard Thomas Fleske, , MD Mailing Address Central Kansas Ort 1514 K-96 Hwy City	hopedic Group State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Great Bend FEC ID number of contributing federal political committee. Name of Employer Central Kansas Orthopaedics Receipt For: □ Primary □ General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD Mailing Address Univ TX HIth Sci Ct 7703 Floyd Curl Dr City		Date of Receipt M M M
San Antonio FEC ID number of contributing federal political committee.	TX 78229-3901	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas Health Science Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 325 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John S Kirkpatrick, , MD			Date of Receipt
Mailing Address Univ of Florida Jack Dept of Orthopaedic			02 04 2008
City	State	Zip Code	Transaction ID: 27238055
Jacksonville FEC ID number of contributing federal political committee.	FL C	32209	Amount of Each Receipt this Period 1000.00
Name of Employer University of Florida	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Vincent J Russo, , MD			Date of Receipt
Mailing Address 10290 N 92nd St St	te 103		02 04 YYYYY 02 008
City	State	Zip Code	Transaction ID: 27238056
Scottsdale FEC ID number of contributing federal political committee.	C	85258-4508	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation		-
Receipt For:	_ , '	edic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. J Wills Oglesby, , MD			Date of Receipt
Mailing Address 301 21st Ave N			0 2 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: 27238058
Nashville 550 ID	TN	37203-1821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tennessee Orthopaedic All- iance		edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)		500.00	
			1750.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 325 (check only one) X
Any information copied from for commercial purpos	om such Reports and Statements mades, other than using the name and ac	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT Political Action Co	EE (In Full) mmittee of the American Assoc	ciation of Orthopaedic Surgeo	ons
Full Name (Last, First Dr. Jeffrey W Cook, , M			Date of Receipt
	anklin Ortho & Sports Med 10 Aspen Grove Dr Ste 102		02 04 2008
City	State	Zip Code	Transaction ID: 27238059
<u>Franklin</u>	TN	37067-2841	Amount of Each Receipt this Period
FEC ID number of con federal political commi	<u> </u>		250.00
Name of Employer Franklin Ortho & Spor Medicine	rts Occupation Occupation	on edic Surgeon	
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 250.00	
Full Name (Last, First			
Dr. Gregory G Orson, , Mailing Address 20	мо 49 Rose Creek Blvd		Date of Receipt 0 2 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: 27238061
<u>Fargo</u>	ND	58104-6878	Amount of Each Receipt this Period
FEC ID number of confederal political commi			500.00
Name of Employer Merit Care Health Sys	occupation Orthopa	on edic Surgeon	
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 500.00	
Full Name (Last, First Dr. Andrew H Schmidt,			Date of Receipt
Mailing Address 36			0 2 0 4 2 0 0 8
City	State	Zip Code	Transaction ID: 27238062
Plymouth	MN	55441-1126	Amount of Each Receipt this Period
FEC ID number of confederal political commi			1000.00
Name of Employer Hennepin Faculty Ass es	occupation Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts	This Page (optional))	1750.00

or for commerc NAME OF (Political A Full Name (I Dr. Robert A	ial purposes, other than using the COMMITTEE (In Full) ction Committee of the Amelast, First, Middle Initial)	e name and add	r not be sold or used by any pers dress of any political committee to ation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (I Dr. Robert A Mailing Add	ction Committee of the Ame _ast, First, Middle Initial) Gurtler, , MD		ation of Orthopaedic Surge	ons
Dr. Robert A Mailing Add	Gurtler, , MD			
	ress 2192 Wagon Trail Rd			Date of Receipt
City				02 04 2008
White Hea	ath	State IL	Zip Code 61884-9314	Transaction ID: 27238064 Amount of Each Receipt this Period
	nber of contributing cal committee.	C		500.00
Name of Em Carle Clinic	ployer Assoc	Occupation Orthopae	n edic Surgeon	
Receipt For: Primal Other		Aggregate	Year-to-Date ▼ 500.00	
Dr. Steven D	Last, First, Middle Initial) Glassman, , MD ress 210 E Gray St Ste 90	0		Date of Receipt
City	•	State	Zip Code	02 04 2008
<u>Louisville</u>		KY	40202-3905	Transaction ID: 27238067 Amount of Each Receipt this Period
	nber of contributing cal committee.	C		500.00
Name of Em Spine Institu	pployer ute	Occupation Orthopae	n edic Surgeon	
Receipt For: Primal Other		Aggregate	Year-to-Date ▼ 500.00	
Full Name (I Dr. Vijay Joh	_ast, First, Middle Initial) n Mani, , MD			Date of Receipt
Mailing Add	ress 240 E 47th St #21-D			02 04 YYYYY 02 04 2008
City New York		State NY	Zip Code 10017-2136	Transaction ID: 27238068
FEC ID num	nber of contributing cal committee.	C	10017-2130	Amount of Each Receipt this Period 250.00
Name of Em Self Employ	nployer ed	Occupation Orthopae	n edic Surgeon	
Receipt For: Prima Other		Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL o	f Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 325 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Stephen G Silver, , MD		Date of Receipt
Mailing Address 113 Anderson Ave		02 04 7 2008
City	State Zip Code	Transaction ID: 27238069
Demarest	NJ 07627-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Daryll C Dykes, , MD, PhD		Date of Receipt
Mailing Address 913 E 26th St Ste 6	00	02 04 2008
City	State Zip Code	Transaction ID: 27238071
<u>Minneapolis</u>	MN 55404-4515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Twin Cities Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Clio Robertson, , MD		Date of Receipt
Mailing Address 6585 S Yale Ste 20	0	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 27238078
Tulsa	OK 74136-8315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Central States Orthopaedi- cs	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optiona	I)	1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Zilberfarb, , MD		Date of Receipt
Mailing Address 1101 Beacon St Ste City	State Zip Code	0 2 0 4 2 0 0 8 Transaction ID: 27238080
Brookline	MA 02446-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Meeks & Zilberfarb Orthop- aedics Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr. Harvey E Smires, Jr, MD Mailing Address Princeton Orthopaed	0 0 0 0 0 0 0 0 0	Date of Receipt
325 Princeton Ave	·	0 2 0 4 2 0 0 8
City	State Zip Code	Transaction ID: 27238081
Princeton FEC ID number of contributing federal political committee.	NJ 08540-1617	Amount of Each Receipt this Period 500.00
Name of Employer Princeton Ortho Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Carey E Winder, , MD		Date of Receipt
Mailing Address 8080 Bluebonnet Blv	rd Ste 1000	02 04 2008
City	State Zip Code	Transaction ID: 27238082
Baton Rouge FEC ID number of contributing federal political committee.	LA 70810-7827	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb	er only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Michael T Diment, , MD			Date of Receipt
	Mailing Address 770 Riverside Ave St	e 105		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 27238084
	Adrian	MI	49221-1465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Michael L Reid, , MD			Date of Receipt
	Mailing Address 5651 Frist Blvd Ste 5	00		02 04 2008
	City	State	Zip Code	Transaction ID: 27238085
	<u>Hermitage</u>	TN	37076-2059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Premier Orthopaedics	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD			Date of Receipt
	Mailing Address 425 E 63rd St W2d			0 2 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27238086
	New York	NY	10065-7821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lincoln Hospital	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	UBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 325 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Dwight W Burney, III, MD			Date of Receipt
Mailing Address New Mexico Orthop 201 Cedar SE Ste 6	paedics 6600		0 2 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Albuquerque</u>	State NM	Zip Code 87106-5411	Transaction ID: 27238087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07100 0711	500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas K Fehring, , MD	I		Date of Receipt
Mailing Address 1915 Randolph Rd			02 04 2008
City Charlotte	State NC	Zip Code 28207-1101	Transaction ID: 27238090 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20207 1101	1000.00
Name of Employer Ortho Carolina	Occupation Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial)			
Dr. Chris John Dangles, , MD Mailing Address 602 W University			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27238091
Urbana FEC ID number of contributing federal political committee.	C	61801-2530	Amount of Each Receipt this Period 250.00
Name of Employer Carle Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jerome Kolavo, , MD Mailing Address 27650 Ferry Rd Ste	e 100		Date of Receipt
City Warrenville	State IL	Zip Code 60555-3846	Transaction ID: 27238092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer OAD Orthopaedics Receipt For: Primary General Other (specify) ▼		odic Surgeon Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Roger B Collins, , MD Mailing Address 105 N Greenleaf St	t		Date of Receipt 0 2 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: 27239082
Gurnee	IL	60031-3326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Greenleaf Orthopaedic Ass- ociates Receipt For:		n edic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) Dr. Randall J Lewis, , MD			Date of Receipt
Mailing Address 2021 K St NW Ste	400		02 06 2008
City	State	Zip Code	Transaction ID: 27239085
Washington	DC	20006-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Washington Orthopaedics & Sports Medic Receipt For:		n edic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		2000.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 325 (check only one) X
or for commercial pu	rposes, other than using the nar MITTEE (In Full)	me and add	not be sold or used by any persordress of any political committee to ation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Dr. Emile C Li, , M Mailing Address City Fort Dodge FEC ID number of federal political control of the contr	1988 Luke Ln of contributing ommittee. of Sports General		Zip Code 50501-8730 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M O D O O O O O O O O O O O O O O O
Full Name (Last, Dr. Tomasz W Bo Mailing Address City Springfield FEC ID number of federal political colored Clinic Springfield Clinic Receipt For: Primary	49 Linden Ln of contributing ommittee.	·	Zip Code 62712-8965 n edic Surgeon Year-to-Date ▼	Date of Receipt M M D D 2 0 0 8
Dr. Ray M Fitzgera	First, Middle Initial) ald, , MD 17270 Red Oak Dr Ste 20 of contributing ommittee.	State TX C Occupation Orthopae	Zip Code 77090-2632 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M O D D O 2 2 0 0 8 Transaction ID: 27239091 Amount of Each Receipt this Period 500.00
Other (spec			500.00	1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Gordon Brooks, Jr, MD Mailing Address 9330 Poppy Dr S City Dallas FEC ID number of contributing federal political committee. Name of Employer Dallas Bone & Joint Clinic	State Zip Code TX 75218-4624 C Occupation	Date of Receipt 0 2 0 6 2 0 0 8 Transaction ID: 27239093 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. William Kemp Montgomery, , MD Mailing Address 5228 W Plano P	kwy	Date of Receipt 0 2 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 27239094
<u>Plano</u>	TX 75093-5005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Mark Scioli, , MD	-	Date of Receipt
Mailing Address Center for Ortho 4642 N Loop 28		02 06 2008
City Lubbock	State Zip Code TX 79416-2422	Transaction ID: 27239095
FEC ID number of contributing federal political committee.	C 79416-2422	Amount of Each Receipt this Period 250.00
Name of Employer Center for Ortho Surgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	1250.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 325 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any per- using the name and address of any political committee the American Association of Orthopaedic Surge	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. Joseph E Slappey, Jr, MD Mailing Address 1600 Forsyth Street Ortho Surg & Rehab. Receipt For: Primary Other (specify)		Date of Receipt 0 2
Full Name (Last, First, Middle Initial Dr. Moheb S Moneim, , MD Mailing Address Univ of New M MSC10 5600 - City Albuquerque FEC ID number of contributing federal political committee. Name of Employer University of New Mexico Receipt For: Primary General Other (specify)	exico 1 Univ of New Mexico State Zip Code NM 87131-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M O D D O 2 2 0 0 8 Transaction ID: 27239098 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial Dr. James D McKinney, , MD Mailing Address 404 N Hickory City Cookeville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TN 38501-2431 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M O 2 O 6 O 2 O 0 8 Transaction ID: 27239099 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (c	otional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surgeo	ons
•	Full Name (Last, First, Middle Initial) Dr. T Clark Robinson, , MD Mailing Address PO Box 1942			Date of Receipt
	Mailing Address PO Box 1942			02 06 2008
	City	State	Zip Code	Transaction ID: 27239141
	Nampa	ID	83653-1942	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saltzer Medical Group	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. John W McAllister, , MD			Date of Receipt
	Mailing Address 112 Piper Hill Dr			02 06 7 2008
	City	State	Zip Code	Transaction ID: 27239142
	Saint Peters	MO	63376-1690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Peters Bone & Joint Su-	Occupation		
	rgery	- ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Richard Wathne, , MD			Date of Receipt
	Mailing Address 333 N 18th Ave 18th Ave Medical Pla			02 06 2008
	City	State ID	Zip Code	Transaction ID: 27239145
	Pocatello F50 IR A CONTRACTOR OF THE POCATE	ID	83201-3358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	- ' - '	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	UBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Michael J Axe, , MD		Date of Receipt
Mailing Address Medical Arts Pavil 4745 Ogletown-St		02 06 2008
City	State Zip Code	Transaction ID: 27239149
Newark	DE 19713-2067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Brodrick, , MD		Date of Receipt
Mailing Address 521 W State Rd 4	34 Ste 203	0 2 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 27239150
Longwood	FL 32750-5165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Seminole Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Stuart L Weinstein, , MD		Date of Receipt
Mailing Address Univ of Iowa Hosp 200 Hawkins Dr S	te 01026 JPP	02 06 2008
City Iowa City	State Zip Code IA 52242-1009	Transaction ID: 27239151
FEC ID number of contributing federal political committee.	C 52242-1009	Amount of Each Receipt this Period 1000.00
Name of Employer University of lowa Hospit- al	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (option	nal)	2750.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 325 (check only one) X 11a
NAME OF COMMITTEE (In F	(الد	ay not be sold or used by any persiders of any political committee to ciation of Orthopaedic Surger	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr. Robert E Miegel, , MD Mailing Address 97 Paysor City Chestnut Hill FEC ID number of contributing federal political committee. Name of Employer Pro Sports Orthopedics Receipt For: Primary General Other (specify)	State MA C Occupation Orthopa Aggregat	e Year-to-Date ▼ 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Dr. Carl E Becker, , MD Mailing Address Westphal 2150 Harr City Lancaster	Group sburg Pike #200 State PA	Zip Code 17601-2644	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopa Aggregat	on ledic Surgeon re Year-to-Date ▼	1500.00
Full Name (Last, First, Middle Dr. Lesley J Anderson, , MD Mailing Address 2100 Web City San Francisco FEC ID number of contributing	ster St Ste 309 State CA	Zip Code 94115-2376	Date of Receipt M M
Receipt For: Primary Other (specify) General	Occupation Orthopa Aggregat	on nedic Surgeon re Year-to-Date ▼	
SUBTOTAL of Receipts This Pa	ge (optional)		3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 325 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W Norman Scott, , MD Mailing Address 210 E 64th St 4th F	-L		Date of Receipt 0 2 0 6 2 0 0 8
City New York FEC ID number of contributing	State NY	Zip Code 10065-7471	Transaction ID: 27239155 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼	Occupation Orthopae	n edic Surgeon Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. Michael Jacob Battaglia, , MD Mailing Address 3 Church Circle Ste	e 210		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27239220
Annapolis	MD	21401-1933	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer US Navy	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric Christopher Johnston, , MD			Date of Receipt
Mailing Address 1551 S Renaissand Ste 400			02 06 2008
City Bountiful	State UT	Zip Code 84010-7676	Transaction ID: 27239221
FEC ID number of contributing federal political committee.	C	84010-7676	Amount of Each Receipt this Period 250.00
Name of Employer Mountain Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 325 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. R Pepper Murray, , MD			Date of Receipt
Mailing Address 1551 S Renaissance Ste 400	Town Dr		02 06 7 2008
City	State	Zip Code	Transaction ID: 27239222
Bountiful FEC ID number of contributing federal political committee.	C	84010-7676	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John Dougald MacGillivray, , MD			Date of Receipt
Mailing Address Hosp for Special Surg 535 E 70th St City	jery State	Zip Code	02 06 2008
New York	NY	10021-4872	Transaction ID: 27239223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hospital for Special Surg- ery	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD			Date of Receipt
Mailing Address Dickson Diveley Midw 3651 College Blvd	est Orthoped	dic	02 06 7 9 9 9
City Leawood	State KS	Zip Code	Transaction ID: 27239224
FEC ID number of contributing federal political committee.	C	66211-1910	Amount of Each Receipt this Period 1000.00
Name of Employer Dickson Diveley Midwest Ortho Clinic	- '	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .			1750.00

TOTAL This Period (last page this line number only)

Summit FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	Association of Orthopaedic Surgeo State Zip Code NJ 07901-3563 Ecupation rthopaedic Surgeon	o solicit contributions from such committee.
A. Political Action Committee of the American Full Name (Last, First, Middle Initial) Dr. Stuart James Fischer., MD Mailing Address 33 Overlook Rd Ste 301 City Summit FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz., MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	State Zip Code NJ 07901-3563 Ecupation rthopaedic Surgeon	Date of Receipt 0 2 0 6 2 0 0 8 Transaction ID: 27239225
A. Dr. Stuart James Fischer, , MD Mailing Address 33 Overlook Rd Ste 301 City Summit FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	NJ 07901-3563 ccupation rthopaedic Surgeon	0 2 0 6 2 0 0 8 Transaction ID: 27239225
City Summit FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	NJ 07901-3563 ccupation rthopaedic Surgeon	0 2 0 6 2 0 0 8 Transaction ID: 27239225
Summit FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	NJ 07901-3563 ccupation rthopaedic Surgeon	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Tull Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Tull Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	ecupation rthopaedic Surgeon	7 tilloant of Each Fleedipt tillo Feriod
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	thopaedic Surgeon	1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.		
Dr. Eric B Benz, , MD Mailing Address Champlain Valley Orthoped 1436 Exchange St City Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	gregate Year-to-Date ▼ 1000.00	
Tell Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee. Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle		Date of Receipt
Middlebury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	ics	02 06 7 2008
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	State Zip Code /T 05753-1185	Transaction ID: 27239226
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	00733-1163	Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	ccupation thopaedic Surgeon	
Dr. Adam S Bright, , MD Mailing Address 7309 Pine Needle City Sarasota FEC ID number of contributing federal political committee.	ggregate Year-to-Date ▼ 1000.00	
City Sarasota FEC ID number of contributing federal political committee.		Date of Receipt
Sarasota FEC ID number of contributing federal political committee.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: 27239227
Name of Employer	FL 34242-2624	Amount of Each Receipt this Period 300.00
Colf Employed	cupation thopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	varageta Vacr to Deta	
SUBTOTAL of Receipts This Page (optional)	gregate Year-to-Date ▼ 300.00	2300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 325 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Timothy J Clader, , MD Mailing Address 10 Hagen Dr Ste 2	011		Date of Receipt
City	State	Zip Code	0 2 0 6 2 0 0 8 Transaction ID: 27239228
Rochester FEC ID number of contributing federal political committee.	C	14625-2663	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Lamar Beck, , MD Mailing Address 3414 Golden Rd			Date of Receipt
City	State	Zip Code	0 2 0 6 2 0 0 8 Transaction ID: 27239229
Tyler	TX	75701-8336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Azalea Orthopedics	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard J Barry, , MD			Date of Receipt
Mailing Address 2031 Anderson Rd	Ste A		02 06 2008
City	State	Zip Code	Transaction ID: 27239230
Davis FEC ID number of contributing federal political committee.	CA	95616-0621	Amount of Each Receipt this Period 250.00
Name of Employer Valley Oak Orthopaedics	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 325 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Bruce M Leslie, , MD			Date of Receipt
Mailing Address 2000 Washington	St Ste 343		02 06 2008
City Newton	State MA	Zip Code 02462-1625	Transaction ID: 27239231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02702 1020	500.00
Name of Employer NWOA	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Peter Kant, , MD			Date of Receipt
Mailing Address 17270 Red Oak D	r Ste 200		02 06 7 2008
City	State	Zip Code	Transaction ID: 27239232
Houston FEC ID number of contributing federal political committee.	C	77090-2632	Amount of Each Receipt this Period 1000.00
Name of Employer KSF Orthopaedic Center	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD			Date of Receipt
Mailing Address 1802 Quail Run D	r		0 2 0 6 2 0 0 8
City Ogden	State UT	Zip Code 84403-3266	Transaction ID: 27239233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04403-3200	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	l		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles H Classen, Jr, MD Mailing Address 2104 N Heritage St City Kinston FEC ID number of contributing federal political committee. Name of Employer Kinston Orthopaedic & Sports Med. Ctr. Receipt For: Primary General Other (specify)	State Zip Code NC 28501-2222 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert Q Lewis, , MD Mailing Address Orthopaedic Surgery a 6118 Parkway Dr City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	and Sports Med State Zip Code TX 78414-2455 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. John M Olsewski, , MD Mailing Address 135 Bramble Brook Re City Ardsley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10502-2206 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		1550.00

ITEMIZED RECEIPTS	Use separate schedule(s)		FOR LINE NUMBER: PAGE 153 / 325 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Samuel E Smith, , MD			Date of Receipt
Mailing Address Front Range Ortho 1551 Professional			0 2 0 6 7 2 0 0 8
City Longmont	State CO	Zip Code 80501-6964	Transaction ID: 27239302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Front Range Orthopedic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Lane Hummel, , MD Mailing Address 15900 Ess Rd			Date of Receipt
City	State	Zip Code	0 2 0 6 2 0 0 8 Transaction ID: 27239304
Kansas City	MO	64136-1259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD			Date of Receipt
Mailing Address 400 Silver Cedar C	Ct .		02 06 2008
City Chapel Hill	State NC	Zip Code 27514-1585	Transaction ID: 27239305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27014 1000	600.00
Name of Employer ABOS	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]
SUBTOTAL of Receipts This Page (option	al)		1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD	0	Date of Receipt
Mailing Address 1777 Hamburg Tpke	e Ste 305	02 06 2008
City	State Zip Code	Transaction ID: 27239306
Wayne	NJ 07470-5243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. S Glen Neale, , MD		Date of Receipt
Mailing Address 555 Washington Hw	y Ste 1	02 06 2008
City	State Zip Code	Transaction ID: 27239308
Morrisville	VT 05661-8972	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Copley Hospital	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Toby B Husserl, , MD		Date of Receipt
Mailing Address Orthopaedic Inst 226 Route 37 West		02 06 2008
City	State Zip Code	Transaction ID: 27239310
Toms River	NJ 08755-8047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	 	1500.00
	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 325 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	con for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Charles T Price, , MD		Date of Receipt
Mailing Address ORHS Medical Educ 86 W Underwood St		02 06 2008
City	State Zip Code	Transaction ID: 27239311
Orlando	FL 32806-1110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orlando Regional Healthca- re	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Todd Brodie, , MD		Date of Receipt
Mailing Address Towson Orthopaedic 8322 Bellona Ave		02 06 2008
City Baltimore	State Zip Code MD 21204-2065	Transaction ID: 27239312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Cameron B Huckell, , MD		Date of Receipt
Mailing Address 700 Michigan Ave		02 07 2008
City	State Zip Code	Transaction ID: 27250343
Buffalo	NY 14203-1514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	750.00	_
SUBTOTAL of Receipts This Page (optional)	2000.00
	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 156 / 325 (check only one) X 11a	
or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of the Amo	erican Association of Orthopaedic Surgeo	ns	
Full Name (Last, First, Middle Initial) Dr. Mark G Murphy, , MD Mailing Address 111 S 5th		Date of Receipt	
City	State Zip Code	0 2 0 7 2 0 0 8 Transaction ID: 27250344	
Douglas	WY 82633-2434	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Thunder Basin Orthopaedics & Sports Me Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	_ _ 1	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD		Date of Receipt	
Mailing Address 1663 Rollins Rd		02 07 2008	
City	State Zip Code	Transaction ID: 27250346	
Burlingame	CA 94010-2301	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Jeffrey Mark Smith, , MD		Date of Receipt	
Mailing Address 7910 Frost St Ste 200)	0 2 0 7 2 0 0 8	
City	State Zip Code	Transaction ID: 27250347	
San Diego	CA 92123-2776	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	1000.00	
Name of Employer Orthopaedic Trauma & Frac- ture Speciali	Occupation Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
SUBTOTAL of Receipts This Page (optional) .		2250.00	
SUBTUTAL OF Necelpts This Fage (optional).			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James P Crutcher, Jr, MD Mailing Address 1229 Madison St S		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle	State Zip Code WA 98104-3590	Transaction ID: 27250348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Proliance Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Mark R Colville, , MD Mailing Address 200 NE Mother Jos	seph Pl Ste 210	Date of Receipt 0 2 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 27250349
Vancouver	WA 98664-3295	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kevin John Bozic, , MD, MBA	'	Date of Receipt
Mailing Address Univ of CA San Fra	Surgery	02 07 2008
City <u>San Francisco</u>	State Zip Code CA 94143-0001	Transaction ID: 27250350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of CA San Francisco	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. D Gordon Newbern, , MD Mailing Address 600 S McKinley St S City Little Rock FEC ID number of contributing	State Zip Code AR 72205-5211	Date of Receipt M M
federal political committee. Name of Employer Arkansas Specialty Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Timothy M Hosea, , MD Mailing Address 215 Easton Ave		Date of Receipt 0 2 0 7 2 0 0 8
City New Brunswick FEC ID number of contributing federal political committee.	State Zip Code NJ 08901-1722 C	Transaction ID: 27250353 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Timothy S Johnson, , MD Mailing Address National Sports Med 19455 Deerfield Ave		Date of Receipt 0 2 0 7 2 0 0 8
City Lansdowne	State Zip Code VA 20176-8102	Transaction ID: 27250354 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Johns Hopkins	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 159 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD	. 500	Date of Receipt
Mailing Address 1310 W Stewart Dr St	State Zip Code	02 07 2008
City Orange	CA 92868-3856	Transaction ID: 27250355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen N Lang, , MD		Date of Receipt
Mailing Address The University of No (Dept of Orthopaedics		02 07 2008
Changl Hill	State Zip Code NC 27599-0001	Transaction ID: 27250356
Chapel Hill FEC ID number of contributing federal political committee.	NC 27599-0001	Amount of Each Receipt this Period 250.00
Name of Employer Univ of North Carolina-Ch- apel Hill	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Steven D Steinlauf, , MD		Date of Receipt
Mailing Address 1514 Victoria Isle Wa		02 08 2008
City Weston	State Zip Code FL 33327-1315	Transaction ID: 27251209
FEC ID number of contributing federal political committee.	C 33327-1313	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1750.00
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 325 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons
Д .	Full Name (Last, First, Middle Initial) Dr. Joseph G Thometz, , MD			Date of Receipt
	Mailing Address 10500 Capistrano			02 08 2008
	City Orland Park	State IL	Zip Code 60467-8245	Transaction ID: 27251210 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00407-0243	1000.00
	Name of Employer Self Employed	Occupatio Orthopae	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Charles J Winters, , MD			Date of Receipt
	Mailing Address 3635 Bienville Blvd			02 08 2008
	City Ocean Springs	State MS	Zip Code	Transaction ID: 27251211
	FEC ID number of contributing federal political committee.	C	39564-5711	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Alexander Blevens, , MD			Date of Receipt
	Mailing Address 3635 Bienville Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MS	Zip Code 39564-5711	Transaction ID: 27251212
	Ocean Springs FEC ID number of contributing federal political committee.	C	39304-3711	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
5	SUBTOTAL of Receipts This Page (optional) .			2000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to American Association of Orthopaedic Surgeon	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Theodore M Pitts, , MD Mailing Address 400 Crutchfield S City Durham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NC 27704-2771 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M O D D O S O S O S O S O S O S O S O S O
Full Name (Last, First, Middle Initial) Dr. John McArthur Harris, III, MD Mailing Address Boston VA Med C 150 S Huntingtor City Boston		Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Dept. of Veterans Affairs, Boston VAMC Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Sebastian B Ruggeri, , MD Mailing Address 3104 E Indian So City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85016-6889	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Aff. Arm, Shoulder & Hand Surgery Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kelly Vince, , MD Mailing Address 501 Monterey Blvd City Hermosa Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code CA 90254-4543 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD	500.00	Date of Receipt
Mailing Address Azalea Orthopaedic 2860B Dauphin St City Mobile FEC ID number of contributing federal political committee. Name of Employer Azalea Orthopaedics & Sports Medicine Receipt For: Primary General Other (specify) ▼	State Zip Code AL 36606-2415 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Transaction ID: 27272332 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Kevin Addington Weidman, , MD Mailing Address 625 E St Paul Ave City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code WI 53202-5907 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	1000.00	2000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 325 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or used by any pers n using the name and address of any political committee to	con for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initia Dr. Yves Boudreau, , MD	ત્રી)	Date of Receipt
Mailing Address Shelby Bone 807 Schenck		02 / 11 / 2008
City	State Zip Code	Transaction ID: 27272335
Shelby FEC ID number of contributing federal political committee.	NC 28150-3933	Amount of Each Receipt this Period 250.00
Name of Employer Shelby Bone & Joint Clinic	Occupation	
Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Daniel D Buss, , MD	<u> </u>	Date of Receipt
Mailing Address 8100 W 78th	St Ste 225	02 11 2008
City	State Zip Code	Transaction ID: 27272336
<u>Edina</u>	MN 55439-2569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sports & Orthopaedic Spec- ialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. Clarence H Fossier, , MD	al)	Date of Receipt
Mailing Address 1050 Hattie's	View	0 2 1 1 1 2 0 0 8
City	State Zip Code	Transaction ID: 27272337
Greensboro	GA 30642-5270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00
	ne number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the lled Summary Page	FOR LINE NUMBER: PAGE 164 / 325 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be s the name and address of a	sold or used by any pers any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of	f Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD			Date of Receipt
Mailing Address 5549 Green Oak Di			02 11 2008
City	•	Code	Transaction ID: 27272338
Los Angeles	CA 900	068-2501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Self Employed	Occupation Orthopaedic Sur	raeon	
Receipt For:	Aggregate Year-to-	-	7
Primary General Other (specify) ▼	35 - 53 0	1000.00]
Full Name (Last, First, Middle Initial) Dr. Jose A Cobos, , MD			Date of Receipt
Mailing Address 1601 Treasure Hills	Blvd		02 11 2008
City	State Zip	Code	Transaction ID: 27272343
<u>Harlingen</u>	TX 785	550-8910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopaedic Sur	rgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. J Steven Shockey, , MD			Date of Receipt
Mailing Address Eastern Kentucky E 108 N Auxier Ave	one & Joint Surg		02 11 2008
City	·	Code	Transaction ID: 27272344
<u>Pikeville</u>	KY 415	501-9045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Kentucky Orthopaedic Soci- ety	Occupation Orthopaedic Sur	rgeon	7
Receipt For:	Aggregate Year-to-	-Date ▼	
Primary General Other (specify) ▼	0 0 0	1000.00	
SUBTOTAL of Receipts This Page (optional) 		3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 165 / 325 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Nick M DiGiovine, , MD			Date of Receipt
Mailing Address 435 S Crystal St Ste 40	00		02 11 2008
City	State	Zip Code	Transaction ID: 27272345
Butte	MT	59701-1506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Montana Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Edward A Toriello, , MD			Date of Receipt
Mailing Address 7815 Eliot Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27272346
Middle Village	NY	11379-1300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David P Bealle, , MD			Date of Receipt
Mailing Address 1717 High St Ste 3B			02 11 2008
City	State	Zip Code	Transaction ID: 27272347
<u>Hopkinsville</u>	KY	42240-6300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Orie E Kaltenbaugh, , MD		Date of Receipt
Mailing Address 307 St John's Way		02 111 2008
City Lewiston	State Zip Code ID 83501-2435	Transaction ID: 27272348
FEC ID number of contributing federal political committee.	C 63301-2433	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James J Hamilton, , MD		Date of Receipt
Mailing Address Univ of MO at Kan 2301 Holmes, Dep	t of Ortho	02 / 11 / 2008
City Kansas City	State Zip Code MO 64108-2677	Transaction ID: 27272384
FEC ID number of contributing federal political committee.	MO 64108-2677	Amount of Each Receipt this Period 500.00
Name of Employer University Physician Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard F Kyle, , MD		Date of Receipt
Mailing Address Hennepin County I 701 Park Ave Sout	th G2	02 / 11 / 2008
City Minneapolis	State Zip Code MN 55415-1623	Transaction ID: 27272386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Hennepin County Med Ctr	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	2500.00
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 325 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jonathan Daniel Main, , MD Mailing Address Comprehensive Or 6308 8th Ave Ste 5			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Kenosha	State WI	Zip Code 53143-5031	Transaction ID: 27272389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Comprehensive Orthopaedics Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Champ L Baker, Jr, MD Mailing Address 6262 Veterans Pkw PO Box 9517			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Calverbore	State	Zip Code	Transaction ID: 27272392
Columbus FEC ID number of contributing federal political committee.	GA C	31909-3540	Amount of Each Receipt this Period 500.00
Name of Employer Hughston Orthopaedic Clin- ic Receipt For:		n edic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. James R Cole, , MD	•		Date of Receipt
Mailing Address 401 S Van Brunt Si	t Ste 3		02 11 2008
City	State	Zip Code	Transaction ID: 27272394
Englewood	NJ	07631-4600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Englewood Orthopaedic Associates		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Dudley S Burwell, , MD			Date of Receipt
Mailing Address Advanced Orthopeo 2781 C T Switzer S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27272397
Biloxi FEC ID number of contributing federal political committee.	MS C	39531-4535	Amount of Each Receipt this Period 250.00
Name of Employer Advanced Orthopedic Assoc- iates	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gary M Schniegenberg, , MD	I		Date of Receipt
Mailing Address 801 Medical Dr Ste	A		0 2 1 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: 27272399
Lima	OH	45804-4099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopedic Institute of Ohio	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Theodore F Schlegel, , MD			Date of Receipt
Mailing Address Steadman-Hawkins 8200 E Belleview A			0 2 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: 27272400
Greenwood Village	CO	80111-2808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Steadman Hawkins Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the Am	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William Robert Hobbs, , MD Mailing Address 2111 Holly Creek Dr	0		Date of Receipt 0 2 1 1 2 0 0 8
City Tyler FEC ID number of contributing federal political committee.	State TX	Zip Code 75703-0946	Transaction ID: 27272402 Amount of Each Receipt this Period 250.00
Name of Employer Trinity Clinic Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, , MD Mailing Address Case Western Reser 11100 Euclid Ave City	rve Univ	Zip Code	Date of Receipt M
Cleveland FEC ID number of contributing federal political committee. Name of Employer Case Western Reserve University Receipt For:		edic Surgeon	Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Michael T Archdeacon, , MD Mailing Address Dept of Ortho Surger 231 Albert Sabin Wa	y, ML 0212 State	Zip Code	Date of Receipt 0 2 1 2 2 0 0 8 Transaction ID: 27277124
Cincinnati FEC ID number of contributing federal political committee.	ОН	45267-0001	Amount of Each Receipt this Period 500.00
Name of Employer University Orthopaedic Co- nsultants of Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	1000.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 325 (check only one) X
NAME	mation copied from such Reports and S nmercial purposes, other than using the E OF COMMITTEE (In Full) ical Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full N	ame (Last, First, Middle Initial) elwyn J Worthington, , MD			Date of Receipt
	g Address 690 N Cofco Center C			02 12 2008
City <u>Pho</u> e	enix	State AZ	Zip Code 85008-6474	Transaction ID: 27277125 Amount of Each Receipt this Period
FEC	D number of contributing al political committee.	C		500.00
iates Recei	of Employer na Orthopaedic Assoc- pt For: Primary General Other (specify) ▼	 	edic Surgeon e Year-to-Date 500.00	
Dr. Jo	ame (Last, First, Middle Initial) seph V Vernace, , MD g Address 101 S Bryn Mawr Ave	Ste 200		Date of Receipt
City		State	Zip Code	0 2 1 2 2 0 0 8 Transaction ID: 27277126
<u>Bryn</u>	Mawr	PA	19010-3123	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		1000.00
Name Main	of Employer Line Orthopaedics	Occupation Orthopae	n edic Surgeon	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Dr. Fr	ame (Last, First, Middle Initial) ank R Joseph, , MD g Address 1285 Hembree Rd Ste	200A		Date of Receipt 0 2 1 2 2 0 0 8
City		State	Zip Code	Transaction ID: 27277127
	vell D number of contributing al political committee.	GA C	30076-4995	Amount of Each Receipt this Period 250.00
Name Resu	of Employer rgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 325 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to nerican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary E Friedlaender, , MD	Terroan Association of Orthopaedic Jurge	Date of Receipt
Mailing Address Yale Univ School of 800 Howard Ave		02 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27277128
New Haven FEC ID number of contributing federal political committee.	CT 06519-1369	Amount of Each Receipt this Period 500.00
Name of Employer Yale University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gordon M Mead, , MD Mailing Address PO Box 51455		Date of Receipt 0 2 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27277129
Shreveport	LA 71135-1455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Highland Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Dennie, Jr, MD		Date of Receipt
Mailing Address 7099 Scenic Hwy		02 12 2008
City	State Zip Code	Transaction ID: 27277130
Pensacola FEC ID number of contributing federal political committee.	FL 32504-6842	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Scott Taylor McMullen, , MD Mailing Address 7710 Mercy Rd S City Omaha FEC ID number of contributing federal political committee. Name of Employer GIKK Ortho Specialists Receipt For: Primary General Other (specify)	State Zip Code NE 68124-2346 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Alan Rosen, , MD Mailing Address 17270 Red Oak D City Houston FEC ID number of contributing federal political committee.	Or Ste 200 State Zip Code TX 77090-2632	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer KSF Orthopaedic Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Krnacik, , MD Mailing Address Umpqua Orthopa 2801 NW Mercy D City Roseburg FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Umpqua Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (option	nal)	2500.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 325 (check only one) X 11a
or for commercial purposes	s, other than using the name and a	nay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE Political Action Com	, ,	ciation of Orthopaedic Surge	ons
Full Name (Last, First, No. 1) Dr. Michael Lloyd Parks,	MD		Date of Receipt
Mailing Address Hos 535	oital for Special Surgery E 70th St		02 12 2008
City	State	Zip Code	Transaction ID: 27277134
New York	NY	10021-4872	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			250.00
Name of Employer Hospital for Special Sur ery	g- Occupat	ion aedic Surgeon	
Receipt For:		ate Year-to-Date ▼	
Primary Other (specify) ▼	General	250.00	
Full Name (Last, First, MD Dr. Russell Cecil, , MD	Middle Initial)		Date of Receipt
Mailing Address 5010) St Hwy 30 Ste 205		02 / 12 / 2008
City	State	Zip Code	Transaction ID: 27277135
Amsterdam	NY	12010-7532	Amount of Each Receipt this Period
FEC ID number of conti federal political committee			250.00
Name of Employer Self Employed	Occupat Orthop	ion aedic Surgeon	
Receipt For:		ate Year-to-Date ▼	_
Primary Other (specify) ▼	General	250.00	
Full Name (Last, First, No. Dr. David Turner Jones, ,			Date of Receipt
3410	e and Joint Surgery Clinic Executive Dr Ste 103	7.0	02 12 2008
City Raleigh	State NC	Zip Code	Transaction ID: 27277136
	Observation or	27609-7457	Amount of Each Receipt this Period
FEC ID number of contr federal political committ			1000.00
Name of Employer Self Employed		aedic Surgeon	
Receipt For: Primary	Aggrega General	ate Year-to-Date ▼	-
Other (specify)		1000.00	
SUBTOTAL of Receipts 1	his Page (optional)		1500.00
	page this line number only)	.	

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from or for commercial purposes NAME OF COMMITTE	s, other than using the name and a	nay not be sold or used by any pers address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
\	, ,	ociation of Orthopaedic Surge	eons
Full Name (Last, First, I Dr. James McMaster Brya	an, , MD		Date of Receipt
Mailing Address 107		7: 0 1	02 12 2008
City Daytona Beach	State FL	Zip Code 32117-4611	Transaction ID: 27277137 Amount of Each Receipt this Period
FEC ID number of control federal political committed	ributing	32117 4011	475.00
Name of Employer Orthopaedic Clinic of D tona Beach	ay- Occupa	tion aedic Surgeon	
Receipt For:	General Aggrega	ate Year-to-Date ▼ 475.00	
Full Name (Last, First, I			Date of Receipt
1000	agould Orthopaedics, PLLC OW Kingshighway Ste 10		02 12 2008
City Paragould	State AR	Zip Code 72450-4197	Transaction ID: 27277138
FEC ID number of cont federal political committ	ributing	72430-4197	Amount of Each Receipt this Period 500.00
Name of Employer Paragould Orthopaedic: PLLC	Occupa S, Orthop	tion aedic Surgeon	
Receipt For:	Aggrega	ate Year-to-Date ▼	
Primary Other (specify) ▼	General	500.00	
Full Name (Last, First, I	,		Date of Receipt
Mailing Address 569	2 Far Hills Ave Ste 4		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 27277139
<u>Dayton</u> FEC ID number of control federal political committed		45429-2202	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupa Orthop	tion aedic Surgeon	
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 250.00	
			1225.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	tatements may not be sold or used by any personame and address of any political committee to rican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James W Nichols, , DO Mailing Address 1112 Mill St City Camden FEC ID number of contributing federal political committee. Name of Employer Camden Bone & Joint, LLC Receipt For: Primary General Other (specify)	State Zip Code SC 29020-3712 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD Mailing Address 525 St Mary St City Thibodaux FEC ID number of contributing federal political committee. Name of Employer Thibodaux Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code LA 70301-2627 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles D Hummer, III, MD Mailing Address 1 Med Ctr Blvd Ste 324 City Chester FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code PA 19013 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2250.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 176 / 325
•		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and S	Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)			
Dr. August R Buerkle, Jr, MD			Date of Receipt
Mailing Address 6846 Buckley Rd			M M / D D / Y Y Y Y
City	State	Zip Code	0 2 1 2 2 0 0 8 Transaction ID: 27277145
North Syracuse	NY	13212-4264	Amount of Each Receipt this Period
•	141	10212 4204	Amount of Lacif Neceipt this Feriod
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio		
	, '	edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify) ▼	0 0		J
Full Name (Last, First, Middle Initial)			
Dr. Dolf R Ichtertz, , MD			Date of Receipt
Mailing Address 1803 W Charles St			M M / D D / Y Y Y Y
Cit.	01-1-	7in Onda	02 12 2008
City	State NE	Zip Code	Transaction ID: 27277146
Grand Island	INE	68803-5904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer NHSI, PC	Occupatio		
	, '	edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		1000.00	
Curici (specify)			1
Full Name (Last, First, Middle Initial)			
Dr. Benjamin N Rosenberg, , MD			Date of Receipt
Mailing Address 1436 Exchange St			02 12 2008
City	State	Zip Code	Transaction ID: 27277147
Middlebury	VT	05753-1185	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	1000.00
federal political committee.	C		1000.00
Name of Employer	Occupatio	n	_
Name of Employer Champlain Valley Orthopae- dics		edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General	1.39.39410		1
Other (specify) ▼		1000.00	
			2272.22
SUBTOTAL of Receipts This Page (optional)			2250.00
I			

TOTAL This Period (last page this line number only)

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 325 (check only one) X
or for comr	ation copied from such Reports and state of the community of the community of COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	al Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Dr. Andı	me (Last, First, Middle Initial) rew Robert Miller, , MD			Date of Receipt
Mailing	Address 1 City PI PH 3103			02 12 2008
City		State	Zip Code	Transaction ID: 27277148
White	Plains	NY	10601-3345	Amount of Each Receipt this Period
	number of contributing political committee.	C		1000.00
Name o Brookvi	f Employer lle Hospital	Occupation Orthopa	on edic Surgeon	
Receipt		Aggregate	e Year-to-Date ▼	
	rimary		1000.00	
	me (Last, First, Middle Initial)			Date of Receipt
Mailing	Address 3907 Creekside Loop	Ste 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27277149
<u>Yakim</u>		WA	98902-4879	Amount of Each Receipt this Period
	number of contributing political committee.	C		1000.00
Name o Self Em	of Employer aployed	Occupation	on edic Surgeon	
Receipt	For:		e Year-to-Date V	
	rimary General ther (specify) ♥		2000.00	
	me (Last, First, Middle Initial) nael A Thorpe, , MD	1		Date of Receipt
Mailing	Address 2979 Squalicum Pkwy	y Ste 203		02 12 2008
City		State	Zip Code	Transaction ID: 27277150
Belling	gham	WA	98225-1813	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
	of Employer Rim Ortho		edic Surgeon	
Receipt		Aggregate	e Year-to-Date	_
	rimary	0 0	500.00	
		1		2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any persename and address of any political committee perican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Kenneth G Tomberlin, , MD Mailing Address 3817 Forrest Gate Dr City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Winston Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code NC 27103-2930 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William James Jekot, , MD Mailing Address 1029 N Highland Ave City Murfreesboro FEC ID number of contributing federal political committee. Name of Employer Premier Ortho Receipt For: Primary General Other (specify)	State Zip Code TN 37130-2450 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert J Bercik, , MD Mailing Address 1445 Raritan Rd City Clark FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07066-1230 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 375.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	1	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 325 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Leland Edgar Rogge, , MD			Date of Receipt
	Mailing Address 3042 E Laurelhurst D	r NE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 27277154
	Seattle	WA	98105-5331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph D Zuckerman, , MD			Date of Receipt
	Mailing Address NYU Hosp for Joint D 301 E 17th St Ste 140			02 12 2008
	City	State	Zip Code	Transaction ID: 27277155
	New York	NY	10003-3804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NYU-Hospital for Joint Di-	Occupation	n edic Surgeon	
	seases Receipt For:		e Year-to-Date	
	Primary General	Aggregate		7
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Richard M Dix, , MD	•		Date of Receipt
	Mailing Address PO Box 50129			0 2 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27277157
	Henderson	NV	89016-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee t merican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Susan N Pick, , MD Mailing Address PO Box 568		Date of Receipt 0 2 1 2 2 0 0 8
City Crossville	State Zip Code TN 38557-0568	Transaction ID: 27277161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	1500.00
Name of Employer Plateau ORthopaedics Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. John W Durham, , MD Mailing Address Northern Arizona O 1485 N Turquoise E		Date of Receipt 0 2 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27277163
Flagstaff	AZ 86001-2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northern Arizona Orthopae- dics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Stephen John Augustine, , DO	•	Date of Receipt
Mailing Address 4498 Coquina Dr		02 12 2008
City	State Zip Code	Transaction ID: 27277164
Jacksonville Beach FEC ID number of contributing federal political committee.	FL 32250-2108	Amount of Each Receipt this Period 250.00
Name of Employer Jacksonville Orthopaedic Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Descripts This Descriptors	١	2250.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 325 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David Andrew Forsythe, , MD			Date of Receipt
Mailing Address 101 Silverwood Ln			02 12 2008
City Silverton	State OR	Zip Code 97381-9739	Transaction ID: 27277167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Silverton Specialists	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eugene P Lopez, , MD			Date of Receipt
Mailing Address 901 Biesterfield RD	Ste 300		02 12 7 9 9 8
City Elk Grove Village	State IL	Zip Code 60007-7324	Transaction ID: 27277169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00007-732-4	1000.00
Name of Employer Midwest Sports Medicine	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jerry L Jochims, , MD	1		Date of Receipt
Mailing Address 1225 S Gear Ave S	Ste 159		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27277171
West Burlington FEC ID number of contributing federal political committee.	C	52655-1686	Amount of Each Receipt this Period 1000.00
Name of Employer Jansen Ortho Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00	
			3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to nerican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James R Santangelo, , MD Mailing Address 355 Edinburgh Dr City Fayetteville FEC ID number of contributing federal political committee. Name of Employer U.S. Army Receipt For: Primary General Other (specify)	State Zip Code NC 28303-5115 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Brian A A Murphy, , MD Mailing Address 3803 Highknob Circle City Naperville FEC ID number of contributing federal political committee.	State Zip Code IL 60564-4425	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer M&M Ortho Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. John R Chase, MD Mailing Address 515 W State Route 4 City Longwood FEC ID number of contributing federal political committee. Name of Employer Jewett Orthopaedic Clinic Receipt For:	State Zip Code FL 32750 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M D D 2008 Transaction ID: 27277174 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Eugene Michael Wolf, , MD Mailing Address 3000 California St 3rd FI City San Francisco FEC ID number of contributing federal political committee. Name of Employer Sports Medicine Clinic Receipt For: Primary General Other (specify)	State Zip Code CA 94115-2411 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Terry A Clyburn, , MD Mailing Address 5420 W Loop South S City Bellaire FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77401-2118 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Edward J Lisecki, Jr, MD Mailing Address 516 Jefferson Terr Blv City New Iberia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	ord Ste 100 State Zip Code LA 70560 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any pe using the name and address of any political committee the American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. David S Hungerford, , MD Mailing Address 10715 Pot Spri City Cockeysville FEC ID number of contributing federal political committee.	State Zip Code MD 21030-3019 C Occupation	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Employer Retired Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr. William P Carney, , MD Mailing Address 127 Union St S		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ridgewood FEC ID number of contributing federal political committee.	State Zip Code NJ 07450-4436	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD Mailing Address 300 S 8th St St	e 178w	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27277180
Murray FEC ID number of contributing federal political committee.	KY 42071-2444	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (or	tional)	1650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert H Blotter, , MD Mailing Address 1414 W Fair Ave S		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Marquette	State Zip Code MI 49855-5408	Transaction ID: 27277181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Surgery Associates of Marq Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ralph F Rashbaum, , MD Mailing Address Texas Back Institu 6300 W Parker Ro		Date of Receipt 0 2 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27277182
Plano	TX 75093-8100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Texas Back Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Paul E Havel, , MD		Date of Receipt
Mailing Address 14181 Business C	etr Dr NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burns Twnshp	State Zip Code MN 55330-4654	Transaction ID: 27277183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33330-4334	500.00
Name of Employer Allina	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Possints This Page (entire	nal)	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persing the name and address of any political committee to e American Association of Orthopaedic Surger	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey Dean Coe, , MD Mailing Address 221 E Hacienda City Campbell FEC ID number of contributing federal political committee.	Ste A State Zip Code CA 95008-6616	Date of Receipt M M M
Name of Employer Silicon Valley Spine Inst- itute Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul B Canale, , MD Mailing Address 1505 Daphne Av	re State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Daphne FEC ID number of contributing federal political committee.	AL 36526-4298	Transaction ID: 27277186 Amount of Each Receipt this Period 1000.00
Name of Employer Baldwin Bone and Joint Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John Lex Kenerly, III, MD Mailing Address PO Box 1334	 	Date of Receipt 0 2 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27277187
Jesup FEC ID number of contributing federal political committee.	GA 31598-1334	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark A Frankle, , MD Mailing Address 13020 Telecom Pk Attn: Laura Lopez	xwy N	Date of Receipt 0 2 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27277189
Temple Terrace	FL 33637-0925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Ortho Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James F Mooney, III, MD		Date of Receipt
Mailing Address Med Univ of SC Te 96 Jonathan Lucas	s St	02 12 2008
City	State Zip Code	Transaction ID: 27277191
Charleston FEC ID number of contributing federal political committee.	SC 29425-8900	Amount of Each Receipt this Period 250.00
Name of Employer Med Univ of SC Teaching Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James B Stiehl, , MD		Date of Receipt
Mailing Address 575 W River Wood	ds Pkwy Ste 204	02 12 2008
City	State Zip Code	Transaction ID: 27277192
Milwaukee	WI 53212-1058	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00
TOTAL This Period (last page this line nur		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 325 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ierican Assoc	iation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Bruce M Albert, , MD			Date of Receipt
	Mailing Address 4980 Barranca Pkwy	Ste 201		02 12 2008
	City Irvine	State CA	Zip Code	Transaction ID: 27277193
	FEC ID number of contributing federal political committee.	C	92604-8653	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Kyle F Dickson, , MD			Date of Receipt
	Mailing Address 516 Chelsea St			02 12 2008
	City	State	Zip Code	Transaction ID: 27277194
	Bellaire FEC ID number of contributing federal political committee.	C	77401-5008	Amount of Each Receipt this Period
	Name of Employer Univ of Texas Medical Sch- ool	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. William H Davidson, , MD			Date of Receipt
	Mailing Address 4060 4th Ave Ste 700)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27277195
	San Diego FEC ID number of contributing federal political committee.	CA	92103-2121	Amount of Each Receipt this Period 500.00
	Name of Employer San Diego Orthopaedic Med- ical Group		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD Mailing Address 12319 Brock Ave City Downey FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary Other (specify)	State Zip Code CA 90242-3503 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 1 2 2 0 0 8 Transaction ID: 27277196 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Marc I Malberg, , MD Mailing Address 1527 State Hwy 27 City Somerset FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Center of NJ Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 2 2 0 0 8 Transaction ID: 27277197 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Jose A Rodriguez, , MD Mailing Address 130 E 77th St City New York FEC ID number of contributing federal political committee. Name of Employer New York Orthopaedic Specialists Receipt For: Primary General Other (specify) General	State Zip Code NY 10075-1851 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	I)	3000.00

Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions of commercial purposes, other than using the name and address of any pollical committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. William A Critavell, III, MD. Mailing Address 4217 River Oaks Ln City State Zip Code AL 36619-9552 FEC ID number of contributing federal political committee. C State Zip Code Alabama Orthopaedic Clini- Se Receipt For: Primary General Ofthe (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William L Millis, MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code Comwav Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956-8995 FEC ID number of contributing federal political committee. C Sc 2956	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 325 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (in Fuil) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. William A Crewell, III, IMD Mailing Address 4217 River Oaks Ln City State Zip Code AL 36619-9552 FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Clini Orthopaedic Surgeon Receipt For: Primary General Orther (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William L Millis, MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code SC 29528-9995 FEC ID number of contributing federal political committee. Conway SC 29528-9995 FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopaedics Orthopaedic Surgeon FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, Middle Initial) Dr. Alan T Kawaguchi, Middle Initial Dr. Alan T Kawaguchi, Middle Initia	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 16 17 16 17 16 17 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
Dr. William A Crotwell, III. MD Mailing Address 4217 River Oaks Ln City State Zip Code Mobile AL 36619-9552 FEC ID number of contributing federal political committee. Name of Employer General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon City State Zip Code Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. William L Mills, MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code Surgeon FEC ID number of contributing federal political committee. C Surgeon Surgeon FEC ID number of contributing federal political committee. Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code State Zip Code State Zip Code Stockton FEC ID number of contributing federal political committee. C State Zip Code State Committee State Zip Code State Zip Code State Zip Code State Committee State Zip Code Stockton FEC ID number of contributing federal political committee. C A 95204-5508 FEC ID number of contributing federal political committee. C A 95204-5508 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Amount of Each Receipt Tips Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	NAME OF COMMITTEE (In Full)			
City State Zip Code AL 36619-9552 FEC ID number of contributing federal political committee. Name of Employer Alabama Orthopaedic Clini-Secept For: Primary General Other (specify) ▼ Name of Employer Coastal Orthopaedic Surgeon Sc 29526-8995 Full Name (Last, First, Middle Initial) Dr. William L Mills., MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code SC 29526-8995 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 27284646 Amount of Each Receipt this Period Transaction ID: 27284646 Amount of Each Receipt Two Date ▼ Transaction ID: 27284644 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284646 Amount of Each Receipt Inis Period Transaction ID: 27284649 Date of Receipt Transaction ID: 27284649 Date of Receipt Inis Period Transaction ID: 2728469 Date of Receipt Inis Period Initial Initi				Date of Receipt
Al. 36619-9552 Amount of Each Receipt this Period	Mailing Address 4217 River Oaks Ln			
FEC ID number of contributing federal political committee. Name of Employer Alabama Orthopaedic Clini-Samour of Cocupation Orthopaedic Surgeon	-		•	
Name of Employer Alabama Orthopaedic Clinics Orthopaedic Surgeon	Mobile	AL	36619-9552	Amount of Each Receipt this Period
Receipt For:		C		500.00
Receipt For:				
Tull Name (Last, First, Middle Initial) Dr. William L. Mills., MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code Conway SC 29526-8995 FEC ID number of contributing federal political committee. Name of Employer Castal Orthopaedic Medical Group Stockton CA 95204-5508 Name of Employer Appine Orthopaedic Medical Group Receipt For: Name of Employer Castal Orthopaedic Medical Group State Zip Code Transaction ID: 27284646 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 27284646 Amount of Each Receipt this Period Transaction ID: 27284646 Amount of Each Receipt this Period Transaction ID: 27284649 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 27284649 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 27284649 Date of Receipt Tra	Receipt For:	Aggregate	e Year-to-Date 🔻	
Dr. William L Mills, MD Mailing Address 2376 Cypress Circle Ste 300 City State Zip Code Conway SC 29526-8995 FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopedics Receipt For: Primary General Other (specify) ▼ State Zip Code Orthopaedic Surgeon Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code Stockton FEC ID number of contributing federal political committee. C Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Orthopaedic Surgeon Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼ Stockton Aggregate Year-to-Date ▼ Stockton Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Stockton Aggregate Year-to-Date ▼ Stockton Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Stockton	_		500.00]
City State Zip Code SC 29526-8995 FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopaedics Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code State Zip Code Stockton FEC ID number of contributing federal political committee. C State Zip Code Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	,			Date of Receipt
Conway SC 29526-8995 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopedics Receipt For: Primary General Other (specify) ▼ State Zip Code Stockton FEC ID number of contributing federal political committee. Pagregate Year-to-Date ▼ Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 27284649 Amount of Each Receipt this Period Transaction ID: 27284649 Amount of Each Receipt this Period Transaction ID: 27284649 Amount of Each Receipt this Period Transaction ID: 27284649 Amount of Each Receipt this Period Transaction ID: 27284649 Amount of Each Receipt Transaction ID: 27284649 Transaction ID: 27284649 Amount of Each Receipt Transaction ID: 27284649 Amount of Each Receipt Transaction ID: 27284649 Transaction ID: 27284649 Amount of Each Receipt Transaction ID: 27284649 Amount of Each Receipt Transaction ID: 27284649 Transaction ID: 27284649 Transaction ID: 27284649 Transaction ID: 2728	Mailing Address 2376 Cypress Circle	Ste 300		
FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City Stockton FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 27284649 Amount of Each Receipt this Period Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Stockton Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	_ *		·	Transaction ID: 27284646
Name of Employer Coastal Orthopedics	-	SC	29526-8995	Amount of Each Receipt this Period
Receipt For:		C		500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, , MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Date of Receipt M M M O 2 1 3 2 2 0 0 3 7 7 8 8 8 8 8 8 8 8 8 9 1 1 1 1 1 1 1 1 1 1	Name of Employer Coastal Orthopedics			
Dr. Alan T Kawaguchi, , MD Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate		
Mailing Address Alpine Orthopaedic Med Grp 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼ Alpine Orthopaedic Med Grp 2488 N California St Transaction ID: 27284649 Amount of Each Receipt this Period 500.0	,			Date of Receipt
Stockton FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 500.0 Amount of Each Receipt this Period 500.0	Mailing Address Alpine Orthopaedic M	led Grp		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00		State	Zip Code	Transaction ID: 27284649
Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Stockton	CA	95204-5508	
Alpine Orthopaédic Medical Group Receipt For: Primary Other (specify) ▼ Other (specify) ▼ Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		C		500.00
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	Alpine Orthopaédic Medical			
Other (specify) ▼ 500.00	Receipt For:			
1500.0			500.00	
SUBTOTAL of Receipts This Page (optional)	SUPTOTAL of Possints This Poss (anticas)			1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 325 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to a American Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard W Barth, , MD Mailing Address 2021 K St Ste 40		Date of Receipt 0 2 1 3 2 0 0 8
City	State Zip Code DC 20006-1009	Transaction ID: 27284650
Washington FEC ID number of contributing federal political committee.	DC 20006-1009	Amount of Each Receipt this Period 500.00
Name of Employer Washington Orthopaedics & Sports Med Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Melbourne D Boynton, , MD Mailing Address 3 Albert Cree Dr		Date of Receipt 0 2 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 27284651
Rutland	VT 05701-4601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Vermont Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Edward J Lisecki, Jr, MD		Date of Receipt
Mailing Address 516 Jefferson Ter	r Blvd Ste 100	02 13 2008
City	State Zip Code	Transaction ID: 27284653
New Iberia	LA 70560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (option	nal)	1200.00
	umber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 325 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso name and address of any political committee to	
	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. William Mitchell Gavigan, , MD Mailing Address 301 21st Ave N		Date of Receipt
City	State Zip Code	0 2 1 3 2 0 0 8 Transaction ID: 27284654
Nashville	TN 37203-1821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tennessee Ortho Alliance	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Leonard M Rudolf, , MD		Date of Receipt
Mailing Address 129-C Mascoma St		02 13 YYYY 2008
City	State Zip Code	Transaction ID: 27284655
Lebanon	NH 03766-2667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John E Kilgore, , MD		Date of Receipt
Mailing Address 424 Harbor Dr N		0 2 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 27284656
Indian Rocks Beach	FL 33785-3115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Thomas P Gross, MD Mailing Address Midlands Orthopae	adi aa	Date of Receipt
Mailing Address Midlands Orthopae 1910 Blanding St	edics	02 13 2008
City	State Zip Code	Transaction ID: 27284657
Columbia	SC 29201-3520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Midlands Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C Kennedy, , MD		Date of Receipt
Mailing Address 1106 Pecks Canyo	on	02 13 2008
City	State Zip Code	Transaction ID: 27284658
<u>Yakima</u>	WA 98908-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedics Northwest	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas N Joseph, , MD	,	Date of Receipt
Mailing Address 1112 Mill St		0 2 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27284659
Camden	SC 29020-3712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Camden Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	al)	3000.00
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 325 (check only one) X
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Andrew W Piasecki, , MD			Date of Receipt
Mailing Address 1112 Mill St			02 13 2008
City	State	Zip Code	Transaction ID: 27284660
Camden	SC	29020-3712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey M Nakano, , MD			Date of Receipt
Mailing Address 627 25 1/2 Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27284662
Grand Junction	CO	81505-6401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Rocky Mountain Orthopaedic Associates	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. William J Holt, , MD			Date of Receipt
Mailing Address Quincy Medical Group 1025 Maine St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27284664
Quincy	<u>IL</u>	62301-4038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Quincy Medical Group	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		__	2000.00

NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
/	nerican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Adolph J Yates, Jr, MD Mailing Address Univ of Pittsburgh Medical B City		Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
Pittsburgh	PA 15232-1300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Univ of Pittsburgh Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Brian J Galinat, , MD Mailing Address Limestone Med Ctr 1941 Limestone Rd S	Ste 101	Date of Receipt Date of Receipt 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 27284666
Wilmington	DE 19808-5413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Dirk H Alander, , MD		Date of Receipt
Mailing Address Dept of Ortho Surger 3635 Vista Ave	у	02 13 2008
City Saint Louis	State Zip Code MO 63110-2539	Transaction ID: 27284667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Louis University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1850.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolates of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the A			
Full Name (Last, First, Middle Initial) Chester Hill Waters, III, MD			Date of Receipt
Mailing Address 11819 Miracle Hills	Dr Ste 203		02 20 20 2008
City	State	Zip Code	Transaction ID: 27334860
<u>Omaha</u>	NE	68154-4428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	riggrogate	250.00]
Full Name (Last, First, Middle Initial) Dr. William James Dowling, Jr, MD	l		Date of Receipt
Mailing Address 131 Madison Ave S	te 130		02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27334862
<u>Morristown</u>	NJ	07960-7360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ridge Orthopedic Group	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Paul Falatyn, , MD			Date of Receipt
Mailing Address 362 Little Creek Dr			02 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27334863
Nazareth	PA	18064-8575	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer OAA Orthopedic Specialists	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	400.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard Fairfax Pell, IV, MD Mailing Address 13510 SW 73rd CT			Date of Receipt 0 2 2 0 7 2 0 0 8
City Miami FEC ID number of contributing	State FL	Zip Code 33156-6819	Transaction ID: 27334865 Amount of Each Receipt this Period 250.00
Rame of Employer South Dade Orthopaedic Associates Receipt For: Primary Other (specify) ▼	Occupation Orthopae	n edic Surgeon • Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Robert Allen Mileski, , MD Mailing Address 2222 E Highland Av	ve Ste 203		Date of Receipt 0 2 2 0 2 0 8
City	State	Zip Code	Transaction ID: 27334868
Phoenix	AZ	85016-4876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Phoenix Orthopedic Group	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Charles P Schneider, , MD			Date of Receipt
Mailing Address 206 E Elm St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 27334869
Caldwell FEC ID number of contributing federal political committee.	C	83605-4815	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ıD	_	750.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 325 (check only one) X
or for com	nation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	al Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Dr. J Lo	me (Last, First, Middle Initial) ckwood Ochsner, Jr, MD Address 1514 Jefferson Hwy			Date of Receipt
Mailing	7314 Jellelson Hwy			02 20 2008
City		State	Zip Code	Transaction ID: 27334870
New C	Orleans	LA	70121-2429	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o	of Employer er Clinic Foundation	Occupation Orthopae	n edic Surgeon	
Receipt		Aggregate	e Year-to-Date ▼	
	rimary		500.00	
Dr. Dan	me (Last, First, Middle Initial) iel J Martin, Jr, MD	<u> </u>		Date of Receipt
Mailing	Address 621 S New Ballas Rd	Ste 5015B		02 20 20 8
City		State	Zip Code	Transaction ID: 27334871
<u>Saint</u>	Louis	MO	63141-8270	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o Self En	of Employer nployed	Occupation Orthopae	n edic Surgeon	
Receipt		Aggregate	e Year-to-Date ▼	
	rimary	0 0	250.00	
	me (Last, First, Middle Initial) sad V Gourineni, , MD			Date of Receipt
	Address 3420 Adams Rd			02 20 7 20 8
City		State	Zip Code	Transaction ID: 27334873
Oak B	rook	<u> L</u>	60523-2708	Amount of Each Receipt this Period
	number of contributing political committee.	С		250.00
	of Employer Shore Ortho Assoc		edic Surgeon	
Receipt		Aggregate	e Year-to-Date ▼	_
	rimary	0 0	250.00	
	AL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee merican Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD Mailing Address 198 Zorzal Street Montehiedra City San Juan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PR 00926-7110 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 20 / 2008 Transaction ID: 27334875 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Marc R Labbe, , MD Mailing Address 6624 Fannin St Ste		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston FEC ID number of contributing federal political committee.	State Zip Code TX 77030-2338	Transaction ID: 27334876 Amount of Each Receipt this Period 500.00
Name of Employer Bone and Joint Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Clyde Alan Farris, , MD Mailing Address 19250 SW 65th Ave	e Ste 200	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tualatin FEC ID number of contributing federal political committee.	State Zip Code OR 97062-7707	Transaction ID: 27334877 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 325 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Richard D Schmidt, , MD			Date of Receipt
Mailing Address 4010 Sunnyside Rd	j		02 20 7 2008
City <u>E</u> dina	State MN	Zip Code 55424-1212	Transaction ID: 27334878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Marshall L Cook, , MD			Date of Receipt
Mailing Address 4521 E Pepper Tree	e Ln		02 20 20 2008
City	State	Zip Code	Transaction ID: 27334879
Paradise Valley	AZ	85253-3250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Cautilli, , MD			Date of Receipt
Mailing Address Cautilli Orthopaedio			02 20 7 2008
City Yardley	State PA	Zip Code 19067-5522	Transaction ID: 27334880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10007 0000	1000.00
Name of Employer Cautilli Orthopaedic Surg- ical Speciali		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			1375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. E Boone Brackett, III, MD Mailing Address 1125 Westgate St City Oak Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State IL C Occupation Orthopae	Zip Code 60301-1007	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Sameer B Shammas, , MD Mailing Address 10905 Ft Washington City Fort Washington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MD C Occupation Orthopan	Zip Code 20744-5843	Date of Receipt M M M / D D / Y Y Y Y Y O 2
Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD Mailing Address 74 B Centennial Loop City Eugene FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State OR C Occupation Orthopa	Zip Code 97401 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 2 2 0 0 8 Transaction ID: 27334885 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe		<u> </u>	2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to the American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD Mailing Address 6424 Taylor Oa	ks	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27334887
Alexandria FEC ID number of contributing federal political committee.	LA 71301-2772	Amount of Each Receipt this Period 250.00
Name of Employer Mid-State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert E Mitchell, , MD Mailing Address 695 Hill Country	v Dr Ste B	Date of Receipt
City Kerrville	State Zip Code TX 78028-6074	0 2 2 0 2 0 0 8 Transaction ID: 27334889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date V	
Full Name (Last, First, Middle Initial) Dr. Brian E Kozar, , MD		Date of Receipt
Mailing Address PO Box 975		02 20 2008
City <u>Zachary</u>	State Zip Code LA 70791-0975	Transaction ID: 27334890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Zachary Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)	750.00

or for commercial purposes, other than to NAME OF COMMITTEE (In Full) Political Action Committee of the Pol	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to the American Association of Orthopaedic Surgeon	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the	ne American Association of Orthopaedic Surgeo	
		ons
Full Name (Last, First, Middle Initial) Dr. Kenneth G Gati, , MD		Date of Receipt
Mailing Address 2700 Vine St	7'. 0.4	02 20 2008
City El Dorado	State Zip Code AR 71730	Transaction ID: 27334892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer South Arkansas Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Scott K McClelland, , MD Mailing Address 312 Grammont	Ct Cto 200	Date of Receipt
	St Ste 200	02 20 7 2008
City Monroe	State Zip Code LA 71201-7403	Transaction ID: 27334893
FEC ID number of contributing federal political committee.	C 71201-7403	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Clinic of NE LA	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Eric A Monesmith, , MD		Date of Receipt
Mailing Address 5255 E Stop 11	Rd Ste 300	02 20 7 2008
City Indianapolis	State Zip Code IN 46237-6341	Transaction ID: 27334894
FEC ID number of contributing federal political committee.	C 4023/-0341	Amount of Each Receipt this Period
Name of Employer Ortho Indy	Occupation Orthopaedic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (or	tional)	1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 325 (check only one) X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
∠ A.	Full Name (Last, First, Middle Initial) Dr. Richard E White, Jr, MD			Date of Receipt
	Mailing Address 201 Cedar St SE Ste 6	6600		02 20 7 2008
	City Albuquerque	State NM	Zip Code 87106-5411	Transaction ID: 27334895
	FEC ID number of contributing federal political committee.	C	87100-3411	Amount of Each Receipt this Period 5000.00
	Name of Employer New Mexico Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Frank R Kolisek, , MD	1		Date of Receipt
	Mailing Address 5255 E Stop 11 Rd St	e 300		02 20 2008
	City	State	Zip Code	Transaction ID: 27334896
	Indianapolis	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ortho Indy	Occupation Orthopae	_{on} edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Christopher C Schmidt, , MD			Date of Receipt
	Mailing Address 1307 Federal St			02 / 20 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27334897
	Pittsburgh FEC ID number of contributing federal political committee.	C	15212-4769	Amount of Each Receipt this Period 750.00
	Name of Employer Alleghany Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			6750.00
卜	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. William Lewis Chollak, , MD Mailing Address 1401 Bethlehem P		Date of Receipt
City Flourtown	State Zip Code PA 19031-1904	Transaction ID: 27339980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Converting	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Ronald S Lederman, , MD Mailing Address 3227 Woodview La	ake Rd	Date of Receipt 0 2 2 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 27339982
West Bloomfield FEC ID number of contributing federal political committee.	MI 48323-3572	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Walter Stanwood, , MD		Date of Receipt
Mailing Address 95 Tremont St Ste	1	0 2 2 0 2 2 0 8
City	State Zip Code	Transaction ID: 27339986
Duxbury FEC ID number of contributing federal political committee.	MA 02332-4738	Amount of Each Receipt this Period 1000.00
Name of Employer Plymouth Bay Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	al)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 325 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Babak Sheikh, , MD		Date of Receipt
Mailing Address 2532 Hunters Run \	Vay	02 20 4 20 4 2008
City	State Zip Code	Transaction ID: 27339987
Weston	FL 33327-1437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Total Ortho Care	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Ira L Fedder, , MD		Date of Receipt
Mailing Address 7505 Osler Dr Ste 1	04	02 20 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27339989
Towson	MD 21204-7737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Robert E Booth, Jr, MD		Date of Receipt
Mailing Address 800 Spuce St 3 B Orthopaedics		02 20 20 2008
City Dhile delahir	State Zip Code	Transaction ID: 27339990
Philadelphia	PA 19107-6130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optiona])	1750.00
	ber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Howard L Berg, MD Mailing Address 13 Medical Dr City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TX 79106-4121 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 2
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bogosian, , MD Mailing Address 5230 Pacific Conco	500.00 urse Dr Ste 110	Date of Receipt
City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 90045-6200 C Occupation Orthopaedic Surgeon	Transaction ID: 27339993 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Elizabeth A Ouellette, , MD Mailing Address Miami International North Park Professi City North Miami Beach FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Miami International Hand Surgical Serv Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 535.00	
SUBTOTAL of Receipts This Page (optional) >	1285.00

Any information conied from such Reports and	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Thomas J Nordstrom, , MD Mailing Address The Center for Ortho 215 Union Ave Ste B		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27339996
Bridgewater	NJ 08807-3063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen M McCollam, , MD Mailing Address 2001 Peachtree Rd	NE Ste 705	Date of Receipt
City	State Zip Code	02 20 2008
Atlanta	GA 30309-1476	Transaction ID: 27339999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Peachtree Orthopaedic Cli- nic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William Charles Jacobson, , MD		Date of Receipt
Mailing Address 1601 NW 114th St S	Ste 142	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27340614
Des Moines FEC ID number of contributing federal political committee.	IA 50325-7036	Amount of Each Receipt this Period 500.00
Name of Employer Central Iowa Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Steven D Washburn, , MD			Date of Receipt
Mailing Address 4731 S White Mtn F	Rd Ste 1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27340615
Show Low	AZ	85901-7818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	1.53.03410	1000.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Warren McKinley, , MD			Date of Receipt
Mailing Address 411 Kolleen Ct			02 20 2008
City	State	Zip Code	Transaction ID: 27340616
Los Alamos	NM	87544-3529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Presbyterian Health System	Occupation Orthopae	dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. D Marshall Jemison, , MD			Date of Receipt
Mailing Address Hayes Hand Center 979 E 3rd St Ste C9			02 20 20 2008
City	State	Zip Code	Transaction ID: 27340618
Chattanooga	TN	37403-2136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Plastic Surgery Group	Occupation Orthopae	n dic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
_	Full Name (Last, First, Middle Initial) Dr. Garth S Russell, , MD			Date of Receipt
	Mailing Address 99 Woodsmuir Ct			02 20 2008
	City	State	Zip Code	Transaction ID: 27340619
	Palm Beach Gardens	FL	33418-8020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Arnold Ray Penix, , MD			Date of Receipt
	Mailing Address 7046 Southhampton	Ln		02 20 20 8
	City	State	Zip Code	Transaction ID: 27340620
	West Chester	OH	45069-8569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ohio Valley Ortho	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. John Larry Fambrough, , MD			Date of Receipt
	Mailing Address 15781 Professional F	Plaza		02 20 2008
	City	State	Zip Code	Transaction ID: 27340621
	Hammond	LA	70403-1452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
$\overline{}$				1450.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
	information copied from such Reports and Stor commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. John Duncan McKeever, , MD			Date of Receipt
Ν	Mailing Address 2601 Hospital Blvd Ste	212		02 20 2008
C	Dity	State	Zip Code	Transaction ID: 27340622
<u>(</u>	Corpus Christi	TX	78405-1869	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
<u> </u>	lame of Employer Christis Health System	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Larry L Pack, , MD			Date of Receipt
_	Mailing Address 2420 Owen Rd Ste C			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Dity	State	Zip Code	Transaction ID: 27340623
<u> </u>	enton	MI	48430-3417	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
Ŋ	lame of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. John J Callaghan, , MD			Date of Receipt
N	Mailing Address Univ of Iowa Hospital Dept of Orthopaedics			02 20 7 20 8
	City	State	Zip Code	Transaction ID: 27340624
_	owa City	<u>IA</u>	52242	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		5000.00
<u> </u> 	Name of Employer University of Iowa Hospit- al and Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	1

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 325 (check only one) X 11a
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any persising the name and address of any political committee to the American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Anne C Sullivan, , MD Mailing Address 249 Hospital D City Everett FEC ID number of contributing federal political committee. Name of Employer UPMC Bedford Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code PA 15537-7020 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. James Langston Hughes, , MD Mailing Address Univ of Mississ Dept of Ortho S City Jackson FEC ID number of contributing federal political committee. Name of Employer Univ of Mississippi Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MS 39216-4505 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M 20 20 08
Full Name (Last, First, Middle Initial) Dr. Robert E Gieringer, , MD Mailing Address 2751 DeBarr R City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99508-2953 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M D D D 20 2008 Transaction ID: 27340627 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (or	tional)	1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 325 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
\ <u></u>	Full Name (Last, First, Middle Initial) Dr. John Steven Rollins, , MD			Date of Receipt
	Mailing Address 2505 Samaritan Dr Ste	9 209 State	Zip Code	0 2 2 0 2 0 0 8 Transaction ID: 27340628
	San Jose	CA	95124-4009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	. ' 	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas J McGivney, , MD Mailing Address 2111 Ogden Ave	l		Date of Receipt 0 2 2 0 2 0 0 8
	City	State	Zip Code	
	Aurora	IL	60504-7597	Transaction ID: 27340630 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Castle Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Steven M Theiss, , MD			Date of Receipt
	Mailing Address 510 20th St FOT 940			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27340632
	Birmingham	AL	35294-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)	1		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person g the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. A Philip Fontanetta, , MD Mailing Address 137 Willis Ave City Mineola FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NY 11501-2658 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: 27340633 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Ginther, , MD, FACS Mailing Address 13827 Driftwood D City Carmel FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IN 46033-8511 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephen E Blythe, , MD Mailing Address 1403 N Green Way City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 33134-4774 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	3000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John S Early, , MD Mailing Address 3921 Marquette City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TX 75225-5432 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M 20 20 2008 Transaction ID: 27340636 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD Mailing Address 425 E 63rd St W City	State Zip Code	Date of Receipt 0 2 2 0 2 2 0 0 8 Transaction ID: 27340637
New York FEC ID number of contributing federal political committee. Name of Employer Lincoln Hospital Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Daniel M Gannon, MD Mailing Address Bridger Ortho & 1450 Ellis St Stee City Bozeman FEC ID number of contributing federal political committee.		Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Bridger Ortho & Sports Med PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	
SUBTOTAL of Receipts This Page (opt	ional)	1500.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 325 (check only one) X
or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Andrea M Saterbak, , MD Mailing Address St. Croix Orthopa 1991 Northweste		Date of Receipt 0 2 2 0 2 0 8
City	State Zip Code	Transaction ID: 27340640
Stillwater	MN 55082-7536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Croix Ortho	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen A Cord, , MD Mailing Address 4110 22nd Pl	-	Date of Receipt
City	State Zip Code	02 20 2008
Lubbock	TX 79410-1122	Transaction ID: 27340641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lubbock Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael C Albert, , MD		Date of Receipt
Mailing Address Ortho Ctr for Spir 1 Childrens Plaza		02 20 20 20 8
City	State Zip Code OH 45404-1898	Transaction ID: 27340642
Dayton FEC ID number of contributing federal political committee.	OH 45404-1898	Amount of Each Receipt this Period 1000.00
Name of Employer Ortho Ctr for Spinal & Pe- diatric Care	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	nal)	2500.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 325 (check only one) X
Any information copied from or for commercial purposes NAME OF COMMITTEE	other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	, ,	ciation of Orthopaedic Surge	ons
Full Name (Last, First, N Dr. Barry J Snyder, , MD			Date of Receipt
	Woodbourne Rd Ste 301		02 20 20 20 8
City Levittown	State PA	Zip Code 19057-1521	Transaction ID: 27340644
FEC ID number of contri federal political committee	buting	19037-1321	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, N Dr. Ira Joel Singer, , MD Mailing Address 725	liddle Initial) Reservoir Ave Ste 101		Date of Receipt
	neservoii Ave Ste 101		02 2008
City Cranston	State RI	Zip Code 02910-4450	Transaction ID: 27340645
FEC ID number of contri federal political committee	buting	02910-4450	Amount of Each Receipt this Period 500.00
Name of Employer Ortho Assoc Inc	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, M Dr. Daniel J Gallagher, , N	,		Date of Receipt
Wes	e & Joint Clinic : Jefferson Med Bldg		02 / 20 / 2008
City <u>Marrero</u>	State LA	Zip Code 70072-3064	Transaction ID: 27340646 Amount of Each Receipt this Period
FEC ID number of contri federal political committee	buting	70072 0004	350.00
Name of Employer Self Employed	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Other (specify) ▼	Aggrega	te Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts T	his Page (optional)		1350.00
	age this line number only)	<u> </u>	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 325 (check only one) X
Any information copied from such or for commercial purposes, other	Reports and Statements mathran using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Political Action Committee	•	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle In Dr. James H Lubowitz, , MD			Date of Receipt
Mailing Address 1219-A Gu	sdorf Rd Ste A		02 / 20 / 2008
City <u>Taos</u>	State NM	Zip Code 87571-6361	Transaction ID: 27340647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Taos Orthopaedic Institute	Occupation Orthopa	edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In Dr. Susan E Stephens, , MD Mailing Address 1776 Char			Date of Receipt
		7's Oads	02 20 2008
City Gates Mills	State OH	Zip Code 44040-9725	Transaction ID: 27340648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In Dr. Mark R Wilson, , MD	nitial)		Date of Receipt
Mailing Address 5315 Elliot	t Dr Ste 202		02 20 20 208
City Ypsilanti	State MI	Zip Code 48197-8634	Transaction ID: 27340649
FEC ID number of contributing federal political committee.	C	40197-0034	Amount of Each Receipt this Period 250.00
Name of Employer Community Orthopedics	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	Je (optional)	I	1000.00
TOTAL This Period (last page thi		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 325 (check only one) X 11a
An	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
•	Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD	A 0: 00.4		Date of Receipt
	Mailing Address 2815 S Pennsylvania	Ave Ste 204		02 20 2008
	City	State	Zip Code	Transaction ID: 27340650
	Lansing	MI	48910-3496	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen C McNeil, , MD	1		Date of Receipt
	Mailing Address 15 Roche Brothers W	y Ste 200		02 / 20 / 2008
	City	State	Zip Code	Transaction ID: 27340653
	North Easton	MA	02356-1000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopedic Care Specialis- ts	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Christopher M Miller, , MD			Date of Receipt
	Mailing Address 3045 S National Ste 1	100		02 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27340654
	Springfield	MO	65804-4268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Orthopaedic Specialists of Springfield		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	750.00	
		ı		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person gethe name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD Mailing Address 7321 NE 84th Terr. City Kansas City FEC ID number of contributing federal political committee. Name of Employer Northland Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code MO 64157-9584 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M 20 20 2008 Transaction ID: 27340655 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Garrett J Lynch, , MD Mailing Address 2003 Medical Pkwy City Annapolis FEC ID number of contributing federal political committee. Name of Employer Anne Arundel Orthopaedic Surgeons Receipt For: Primary General Other (specify)	State Zip Code MD 21401-3088 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: 27340656 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Eric Jordan Guidi, , MD Mailing Address 1715 N George Ma City Arlington FEC ID number of contributing federal political committee. Name of Employer Nirschel Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code VA 22205-3670 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 0 8 Transaction ID: 27340657 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (options	al)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to erican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD Mailing Address 4409 Chinlee Ave City Albuquerque FEC ID number of contributing federal political committee. Name of Employer New Mexico Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code NM 87110-5715 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M 20 20 2008 Transaction ID: 27340658 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. John Thomas Bolger, , MD Mailing Address 1111 Delafield St Ste City Waukesha FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of Wisconsin Receipt For: Primary General Other (specify)	State Zip Code WI 53188-3402 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Joseph W Carlson, , MD Mailing Address 310 N 9th St City Bismarck FEC ID number of contributing federal political committee. Name of Employer Bone and Joint Center Receipt For: Primary General Other (specify)	State Zip Code ND 58501-4508 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any persusing the name and address of any political committee to the American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial Dr. John C Richmond, , MD Mailing Address New England 125 Parker Hil	Baptist Hospital Ave	Date of Receipt 0 2 25 2008
City	State Zip Code	Transaction ID: 27358838
Roxbury Crossing FEC ID number of contributing federal political committee.	MA 02120-2847	Amount of Each Receipt this Period 500.00
Name of Employer New England Baptist Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial Dr. Hector M Pedraza, , MD Mailing Address 2808 McLamb		Date of Receipt 0 2 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27358839
Goldsboro	NC 27534-1600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Goldsboro Orthopaedic Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial Dr. Lynn M Nelson, , MD		Date of Receipt
Mailing Address Des Moines O 6001 Westtow	n Pkway	02 25 2008
City West Des Moines	State Zip Code IA 50266-7702	Transaction ID: 27358844
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Des Moines Ortho Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (c	otional)	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. E Michael Keating, , MD Mailing Address 1199 Hadley Rd City Mooresville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IN 46158-1788 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mary Ann E Keenan, , MD Mailing Address Univ of Pennsylva 3400 Spruce St 2 City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Univ of Pennsylvania Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Thomas M Green, , MD Mailing Address Virginia Mason Momentum MS X6 ORT City Seattle FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Receipt For: Primary General Other (specify)	State Zip Code WA 98101-2756 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y O 2
SUBTOTAL of Receipts This Page (option	nal)	3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 325 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Fred G McQueary, , MD Mailing Address 1229 E Seminole S	St Ste 230		Date of Receipt
City Springfield FEC ID number of contributing	State MO	Zip Code 65804-2227	Transaction ID: 27358848 Amount of Each Receipt this Period
Name of Employer St John's Clinic		edic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Eric Levy, , MD Mailing Address 50 Blaine Ave Ste	2300		Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27358905
Bedford	OH	44146-2709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University Hospital Medic- al Services Receipt For:		n edic Surgeon • Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Harold J P Van Bosse, , MD	044/1		Date of Receipt
Mailing Address 235 E 40th St Ste	21A/J		02 25 2008
City	State	Zip Code	Transaction ID: 27358906
New York	NY	10016-1744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		2250.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Political Action Committee of the Am	erican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Robert Louis Morrow, Jr, MD Mailing Address 317 Woodbluff Dr		Date of Receipt
0"	7:01	02 25 2008
City Lafayette	State Zip Code LA 70503-4449	Transaction ID: 27358908
FEC ID number of contributing federal political committee.	C 70505-4449	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Frank Ulrich Hermantin, , MD Mailing Address PO Box 1327		Date of Receipt
0.1	7'- 0-4-	02 25 2008
City Redding Cen	State Zip Code CT 06875-1327	Transaction ID: 27358909
FEC ID number of contributing federal political committee.	CT 06875-1327	Amount of Each Receipt this Period 500.00
Name of Employer Danbury Ortho	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Abbott Kagan, II, MD		Date of Receipt
Mailing Address 8710 College Pky		02 25 7 2008
City	State Zip Code	Transaction ID: 27358960
Fort Myers	FL 33919-4811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer A. Kagan Orthopedics & Sports Medicine Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
SUBTOTAL of Receipts This Page (optional)	•	1700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee of erican Association of Orthopaedic Surge	
/ Folitical Action Committee of the Am	erican Association of Offiopaedic Surge	COIIS
Full Name (Last, First, Middle Initial) Dr. Robert P Good, , MD Mailing Address 27 S Bryn Mawr Ave		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27358961
Bryn Mawr	PA 19010-3406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Specialists, P.C.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William G Mackenzie, , MD	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address Alfred I Dupont Hosp 1600 Rockland Rd	ital For Child	02 25 2008
City	State Zip Code	Transaction ID: 27358963
Wilmington	DE 19803-3607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DuPont Hospital for Child- ren	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Frank Bethea, , MD		Date of Receipt
Mailing Address Columbia Orthopaed 1301 Taylor St Ste 3-	0	02 25 2008
City	State Zip Code	Transaction ID: 27358965
Columbia	SC 29201-2942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbia Orthopaedic Spec- ialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	-	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
` '	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William F Donaldson, III, MD		Date of Receipt
Mailing Address 3471 5th Ave Ste 10 City	State Zip Code	0 2 2 5 2 0 0 8 Transaction ID: 27358966
Pittsburgh	PA 15213-3221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Pittsburgh	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David J Abraham, , MD Mailing Address 1270 Broadcasting F	L 	Date of Receipt
		02 25 2008
City	State Zip Code	Transaction ID: 27358967
Wyomissing FEC ID number of contributing	PA 19610-3203	Amount of Each Receipt this Period
federal political committee.		
Name of Employer Reading Neck & Spine Ctr	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Fred R T Nelson, , MD		Date of Receipt
Mailing Address Henry Ford Hospital 2799 W Grand Blvd	K-12	02 / 25 / 2008
City	State Zip Code	Transaction ID: 27358968
<u>Detroit</u>	MI 48202-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Henry Ford Health System	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
		1750.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 325 (check only one) X
or for comm	percial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) II Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surged	ons
A. Dr. Patrio	ne (Last, First, Middle Initial) k E Clare, , MD			Date of Receipt
Mailing A	Address Nebraska Ortho & Spor 575 S 70th St Ste 200	rts Med		02 25 7 2008
City		State	Zip Code	Transaction ID: 27358969
Lincoln		NE	68510-2471	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
Name of Nebrask orts Med	Employer a Orthopaedic & Sp- licine	Occupatio Orthopae	n edic Surgeon	
Receipt	For:	Aggregate	e Year-to-Date ▼	
	imary ☐ General her (specify) ♥		500.00	
	ne (Last, First, Middle Initial) topher Chen, , MD			Date of Receipt
Mailing A	Address 3000 Colby St Ste 106			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27358971
<u>Berkele</u>	•	CA	94705-2058	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		1000.00
Name of Self Emp	Employer ployed	Occupatio Orthopae	n edic Surgeon	
Receipt I		Aggregate	e Year-to-Date ▼	
	mary ☐ General her (specify) ♥		1000.00	
	ne (Last, First, Middle Initial) Marie Clabbers, , MD			Date of Receipt
Mailing A	Address 120 W Maple Ave			0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27358973
Langho		PA	19047-2820	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Lowerbu	Employer cks Hospital	Occupatio Orthopae	n edic Surgeon	
Receipt		Aggregate	e Year-to-Date ▼	
	mary ☐ General her (specify) ♥		250.00	
SUBTOTA	L of Receipts This Page (optional)			1750.00
	nis Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD Mailing Address 77 N San Mateo Dr City San Mateo FEC ID number of contributing federal political committee. Name of Employer San Mateo Orthopaedic Group	State Zip Code CA 94401-2889 C Occupation Orthopaedic Surgeon	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 500.00]
Dr. Gary S Simon, , MD Mailing Address 150 Helmsley Dr NV City Atlanta	N State Zip Code GA 30327-4901	Date of Receipt M M D D 2 7 2 0 0 8
FEC ID number of contributing federal political committee. Name of Employer Resurgens	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD Mailing Address 1609 Red Rock Dr		Date of Receipt Date of Receipt 2 7 2 0 0 8
City	State Zip Code	Transaction ID: 27362234
Gallup FEC ID number of contributing federal political committee.	NM 87301-5651	Amount of Each Receipt this Period 200.00
Name of Employer US Public Health Service, IHS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
CURTOTAL of December This Dage (entires	l)	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surge	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Nicholas Hubbard, , MD		Date of Receipt
Mailing Address Georgia Orthopaed 150 Clinic Ave	•	02 27 2008
City	State Zip Code	Transaction ID: 27362235
Carrollton FEC ID number of contributing federal political committee.	GA 30117-4401	Amount of Each Receipt this Period 1000.00
Name of Employer Carrollton Orthopaedic Cl- inic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Evan Radomisli, , MD Mailing Address 130 East 77th St		Date of Receipt 0 2 2 7 2 0 0 8
12th FI City	State Zip Code	Transaction ID: 27362237
New York	NY 10075-1851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan R Kurtis, , MD		Date of Receipt
Mailing Address 6 Hatfield St		02 27 2008
City	State Zip Code	Transaction ID: 27362239
Northampton	MA 01060-1556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hampshire Ortho and Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 325 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Richard P Lewallen, , MD			Date of Receipt
Mailing Address 2900 12th Ave N Ste 10	00E		02 27 2008
City	State	Zip Code	Transaction ID: 27362279
Billings	MT	59101-7504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Montana Ortho & Sports	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank A B Gottschalk, , MD			Date of Receipt
Mailing Address U of TX Southwestern I Dept of Ortho Surgery	Med School		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27362280
<u>Dallas</u>	TX	75390-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer UT Southwestern Medical Ctr	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J McIlveen, , MD			Date of Receipt
Mailing Address 1 W Ridgewood Ave			02 27 2008
City	State	Zip Code	Transaction ID: 27362281
Paramus	NJ	07652-2359	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Iqbal Ansgar Anwar, , MD Mailing Address Dept of Orthopaedics		Date of Receipt
Mailing Address Dept of Orthopaedics 6041 Cadillac Ave		02 27 2008
City	State Zip Code	Transaction ID: 27362282
Los Angeles	CA 90034-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kaiser	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lyle Sorensen, , MD		Date of Receipt
Mailing Address 1100 9th Ave PO Box 900		02 / 27 / 2008
City	State Zip Code	Transaction ID: 27362283
Seattle	WA 98101-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Virginia Mason Medical Ce- nter	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. D Daniel Rotenberg, , MD		Date of Receipt
Mailing Address 2870 Highland Blvd		02 / 27 / 2008
City	State Zip Code	Transaction ID: 27362284
Mound	MN 55364-8533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Western Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		1400.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scho for each category Detailed Summary	of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. dic Surgeons
Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Szalay, , MD Mailing Address	Ortho & Rehab State Zip Code NM 87102-1715 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jay D Mabrey, , MD Mailing Address Baylor Univ Dept of C 3500 Gaston Ave 6 H City Dallas FEC ID number of contributing federal political committee. Name of Employer Baylor University Medical Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 75246-2017 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. David William Bobb, , MD Mailing Address Orthopedic Sports Me 825 E Robinson City Norman FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OK 73071-6610 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Peter D Vizzi, , MD Mailing Address 449 Heymann Blvd City Lafayette FEC ID number of contributing federal political committee.	State Zip Code LA 70503-2616	Date of Receipt Date of Receipt 2 7 2 0 0 8 Transaction ID: 27362288 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony V Petrosini, , MD Mailing Address 310 Passaic Ave City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Spring Lake FEC ID number of contributing federal political committee.	NJ 07762-1341	Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00]
Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD Mailing Address 2 Celeste Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Johnstown	State Zip Code PA 15905-2832	Transaction ID: 27362352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Western Orthopaedics Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date • 250.00	
SUBTOTAL of Receipts This Page (optional	1)	2500.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 325 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Donald C Faust, , MD			Date of Receipt
Mailing Address 2633 Napoleon Av	e Ste 600		02 28 2008
City	State	Zip Code	Transaction ID: 27362353
New Orleans	LA	70115-7425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Abram E Kirschenbaum, , MD			Date of Receipt
Mailing Address North Jersey Hand 75 Bloomfield Ave			02 28 2008
City	State	Zip Code	Transaction ID: 27362357
<u>Denville</u>	NJ	07834-2735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer North Jersey Hand Surgery	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1000.00	1
Other (specify)	0 0		
Full Name (Last, First, Middle Initial) Dr. Biren Chokshi, , MD			Date of Receipt
Mailing Address 5 Margaret Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27362358
Pomfret Center	СТ	06259-1245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		535.00
Name of Employer Orthopedic Assoc of Windh- am County		edic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		535.00	
			2535.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Fred G Corley, MD Mailing Address Univ TX HIth Sci Ctr at 7703 Floyd Curl Dr MC City San Antonio FEC ID number of contributing federal political committee. Name of Employer Univ of Texas Health Scie-	State TX C	Zip Code 78229-3901	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	nce Center Receipt For: Primary General Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas B Ford, , MD Mailing Address 4150 Nelson Rd Bldg C City Lake Charles	State	Zip Code	Date of Receipt M
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupatio Orthopae	70605-4148 on edic Surgeon e Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Dr. John Charles Kofoed, , MD Mailing Address 2619 Seminole Ct City Fairfield FEC ID number of contributing federal political committee. Name of Employer Solano Regional Med Group Receipt For: Primary General		edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1750.00

or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and ad Full) ee of the American Assoc e Initial)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee Full Name (Last, First, Middle Dr. James J Elting, , MD Mailing Address One Asso	ee of the American Associate Initial) Octiate Dr State		
Dr. James J Elting, , MD Mailing Address One Associate City	ociate Dr State		Date of Receipt
City	State		
•			02 28 2008
		Zip Code 13820-2266	Transaction ID: 27362431 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.			500.00
Name of Employer Bassett Healthcare	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Dr. Robert S Sterling, , MD	, 		Date of Receipt
22 S Gre	Maryland Affl Hosps ene St Ste S11B		02 / 28 / 2008
City Baltimore	State MD	Zip Code 21201-1544	Transaction ID: 27362432 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.		212011044	250.00
Name of Employer Univ of Maryland	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr. Thomas L Dopson, , MD	e Initial)		Date of Receipt
Mailing Address 1457 Ga	rmon Ferry Rd		02 28 2008
City <u>A</u> tlanta	State GA	Zip Code 30327-3839	Transaction ID: 27362433 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.		30327-3039	1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This P	age (optional)		1750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
` '	erican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Howard L Wilcox, Jr, MD		Date of Receipt
Mailing Address 26351 W Cedar Niles		02 28 2008
City Olathe	State Zip Code KS 66061-7478	Transaction ID: 27362434
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Kansas Ortho & Sports Med	Occupation Octhonorodic Surgeon	
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert M O'Hollaren, , MD	<u> </u>	Date of Receipt
Mailing Address 3525 Loma Vista Rd		02 28 2008
City	State Zip Code	Transaction ID: 27362435
Ventura	CA 93003-3101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ventura Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Theodore W Crofford, , MD	I	Date of Receipt
Mailing Address 750 8th Ave Ste 400		02 28 2008
City	State Zip Code	Transaction ID: 27362528
Fort Worth	TX 76104-2500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Texas Hip & Knee	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. John William Miles, III, MD Mailing Address PO Box 9012 City La Mesa FEC ID number of contributing federal political committee. Name of Employer Sharp Rees-Staley Medical Group Receipt For: Primary General Other (specify)	State Zip Code CA 91944-9012 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Frank Eugene Whitney, , MD Mailing Address 940 Sylva Ln Ste City	State Zip Code	Date of Receipt 0 2 2 8 2 0 0 8 Transaction ID: 27362530
Sonora FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	CA 95370-5969 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Lovallo, , MD Mailing Address 7025 Benjamin Si City Mc Lean FEC ID number of contributing federal political committee.	State Zip Code VA 22101-1550	Date of Receipt M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James H Carson, , MD Mailing Address 608 Belgian Way City Lititz FEC ID number of contributing federal political committee. Name of Employer Orthopedic Associates of Lancaster, Lt Receipt For: Primary General Other (specify)	State Zip Code PA 17543-8268 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 2 2 8 2 0 0 8 Transaction ID: 27362533 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Robert C Dugan, , MD Mailing Address 350 S Greenleaf Sto City Gurnee FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Ins-	e 405 State Zip Code IL 60031-5709 C Occupation Orthopaedic Surgeon	Date of Receipt M M
titute Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael D Kasten, , MD Mailing Address 601 John St #M-206 C	Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalamazoo FEC ID number of contributing federal political committee.	State Zip Code MI 49007-5359 C	Transaction ID: 27422894 Amount of Each Receipt this Period 500.00
Name of Employer Health Care Midwest Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l) >	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 241 / 325 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to be rican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Glenn B Pfeffer, , MD Mailing Address	State Zip Code CA 90048 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Bernard N Stulberg, , MD Mailing Address 1730 W 25th St Ste 4 City Cleveland FEC ID number of contributing federal political committee. Name of Employer Cleveland Ctr for Joint Reconstruction Receipt For: Primary General Other (specify)	State Zip Code OH 44113-3108 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 2 0 0 8 Transaction ID: 27422897 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. John J O'Brien, , MD Mailing Address 1000 Asylum Ave Ste City Hartford FEC ID number of contributing federal political committee. Name of Employer Hartford Orthopaedic Surgeons Receipt For: Primary General Other (specify)	State Zip Code CT 06105-1719 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 325 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Kenneth N Adatto, , MD			Date of Receipt
	Mailing Address Orleans Ortho Association 3715 Prytania St Ste			03 12 2008
	City	State	Zip Code	Transaction ID: 27422901
	New Orleans	LA	70115-3750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	Full Name (Last, First, Middle Initial) Dr. William W Brien, , MD			Date of Receipt
	Mailing Address 444 S San Vincente E	Blvd Ste 603		03 12 2008
	City	State	Zip Code	Transaction ID: 27422902
	Los Angeles	CA	90048-4178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Brett R Bolhofner, , MD			Date of Receipt
	Mailing Address 4600 4th St N			03 12 2008
	City	State	Zip Code	Transaction ID: 27422903
	Saint Petersburg	FL	33703-3802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	_,	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	UBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person the name and address of any political committee to the name and address of orthopaedic Surgeonerican Association of Orthopaedic Surgeonerican Association of Orthopaedic Surgeonerican Association of Orthopaedic Surgeonerican Association	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Rex A W Marco, , MD Mailing Address 5312 Valerie St City Bellaire FEC ID number of contributing federal political committee. Name of Employer UT Health Sciences Center Receipt For: Primary Other (specify)	State Zip Code TX 77401-4813 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Wayne B Venters, , MD Mailing Address Rockwood Clinic PS 400 E Fifth Ave City Spokane FEC ID number of contributing federal political committee. Name of Employer Rockwood Clinic Receipt For: Primary General Other (specify)	State Zip Code WA 99202-1334 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Benjamin Gulli, , MD Mailing Address 3366 Oakdale Ave N City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Twin Cities Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code MN 55422-2961 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	erican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Preston A Waldrop, , MD Mailing Address Virginia Orthopedics		Date of Receipt
101 Knotbreak Rd		03 12 2008
City	State Zip Code	Transaction ID: 27422907
<u>Salem</u>	VA 24153-5404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Virginia Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. James A Shapiro, , MD		Date of Receipt
Mailing Address 6308 8th Ave Ste 102	20	03 12 2008
City	State Zip Code	Transaction ID: 27422908
Kenosha	WI 53143-5031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00]
Full Name (Last, First, Middle Initial) Dr. Walter G Robinson, Jr, MD		Date of Receipt
Mailing Address 660 Golden Ridge Ro	d Ste 250	03 12 2008
City	State Zip Code	Transaction ID: 27422911
Golden	CO 80401-9541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Panorama Ortho	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Anthony Devon Levins, , MD Mailing Address 211 Moon Ranch S City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Kaiser Pemanente Receipt For: Primary General Other (specify)	State Zip Code CA 93314-7860 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John Charles Nordt, III, MD Mailing Address 4720 Lejeune Rd City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Spine Center of Miami	State Zip Code FL 33146-1817 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert A Arciero, , MD Mailing Address The Medical Arts 8	Aggregate Year-to-Date ▼ 500.00	Date of Receipt
City Farmington FEC ID number of contributing federal political committee.	State Zip Code CT 06034-4037 C	Transaction ID: 27422921 Amount of Each Receipt this Period 500.00
Name of Employer University of Connecticut Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 325 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Gilbert A Noirot, , MD Mailing Address 110 Wood St			Date of Receipt
		Ctata	7:n Codo	03 / 12 / 2008
	City Charlevoix	State MI	Zip Code 49720-1627	Transaction ID: 27422922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NorthOpaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Cooper L Terry, , MD			Date of Receipt
	Mailing Address 1106 S Lamar Blvd			03 12 2008
	City	State	Zip Code	Transaction ID: 27422924
	Oxford FEC ID number of contributing federal political committee.	MS C	38655-4732	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) Dr. James L White, , MD			Date of Receipt
	Mailing Address 1464 Medical Park Ci	r		03 12 2008
	City Tupelo	State MS	Zip Code 38801-6595	Transaction ID: 27422926
	FEC ID number of contributing federal political committee.	C	30001-0393	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			2250.00
	FOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initia Dr. Joseph B Chalal, , MD	I)	Date of Receipt
Mailing Address 7593 Boynton		03 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27422927
Boynton Beach	FL 33437-6163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initia Dr. Larry D Greenway, , MD	I)	Date of Receipt
Mailing Address 1015 E 32nd	St Ste 101	03 / 12 / 2008
City	State Zip Code	Transaction ID: 27422928
Austin	TX 78705-2700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Austin Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initia Dr. Stephen T Ikard, , MD	J)	Date of Receipt
Mailing Address PO Box 2447		03 / 12 / 4 4 4 4 4
City	State Zip Code	Transaction ID: 27422929
Tuscaloosa	AL 35403-2447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	1750.00
	ne number only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 / 325 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
	Full Name (Last, First, Middle Initial) Dr. Frank Segreto, , MD Mailing Address 3385 Veterans Hwy Si	te I		Date of Receipt M
	City	State	Zip Code	Transaction ID: 27422930
	Ronkonkoma FEC ID number of contributing federal political committee.	C	11779-7660	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	, '	edic Surgeon e Year-to-Date ▼ 1000.00	
 B.	Full Name (Last, First, Middle Initial) David W Polly, Jr, MD Mailing Address Univ of Minnesota	outh P200		Date of Receipt 0 3 1 2 2 0 0 8
	2450 Riverside Ave South, R200 City State Zip Code			Transaction ID: 27422931
	Minneapolis	MN	55454-1450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer University of Minnesota	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- · · · ·	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Peter C Amadio, , MD			Date of Receipt
	Mailing Address Mayo Clinic 200 1st St S W			03 12 2008
	City	State	Zip Code	Transaction ID: 27422932
	Rochester FEC ID number of contributing federal political committee.	C	55905-0001	Amount of Each Receipt this Period 750.00
	Name of Employer Mayo Clinic	Occupatio Orthopae	on edic Surgeon	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	1		2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Joseph D Zuckerman, , MD Mailing Address NYU Hosp for Join 301 E 17th St Ste City New York FEC ID number of contributing	1402 State Zip Code NY 10003-3804	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer NYU-Hospital for Joint Diseases Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00	500.00
Full Name (Last, First, Middle Initial) Dr. John Bellatti, , MD Mailing Address 81-958 Halekii St S	Ste 5c	Date of Receipt 0 3 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27422934
Kealakekua	HI 96750-8104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer West Hawaii Orthopedic Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kevin L Garvin, , MD	,	Date of Receipt
Mailing Address Unversity of Nebra 981080 Nebraska	Med Ctr	03 / 12 / 4 4 4 4 4
City <u>Oma</u> ha	State Zip Code NE 68198-0001	Transaction ID: 27422936
FEC ID number of contributing federal political committee.	NE 68198-0001	Amount of Each Receipt this Period
Name of Employer UNMC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	2000.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee to American Association of Orthopaedic Surger	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Matthew L Jimenez, , MD Mailing Address 9000 Waukegan	Rd Ste 200	Date of Receipt
City Morton Grove	State Zip Code IL 60053-2127	Transaction ID: 27422937 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Illinois Bone & Joint Institute Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Patrick J Halpin, , MD Mailing Address 404 Yauger Way	SW Ste 100	Date of Receipt 0 3 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27422940
Olympia FEC ID number of contributing federal political committee.	WA 98502-8152	Amount of Each Receipt this Period 1000.00
Name of Employer Olympia Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Bernard Andrew Pfeifer, , MD		Date of Receipt
Mailing Address Lahey Clinic 41 Mall Rd		03 12 2008
City <u>Burlington</u>	State Zip Code MA 01805-0001	Transaction ID: 27422942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lahey Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to e American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John Robert Starynski, , MD Mailing Address 8118 Northern F City Minocqua FEC ID number of contributing federal political committee. Name of Employer Langlade Memorial Hospital	State Zip Code WI 54548-9103 C Occupation Orthopaedic Surgeon	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Glenn Hessing, , MD Mailing Address 7911 W Innsbro	ok Ct	Date of Receipt 0 3 1 2 2 0 0 8
City Boise FEC ID number of contributing federal political committee.	State Zip Code ID 83704-4487	Transaction ID: 27422944 Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. David P Mesna, , MD Mailing Address 3704 Camino Co	odorniz	Date of Receipt 0 3 1 1 2 0 0 8
City Calabasas	State Zip Code CA 91302-3043	Transaction ID: 27422962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente	Occupation	250.00
Raiser Permanente Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	1500.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 325 (check only one) X
	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American			
<u>. </u>	Full Name (Last, First, Middle Initial) Dr. Joseph I Bernstein, , MD Mailing Address 17 San Andreas Way			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Francisco	State CA	Zip Code 94127-2027	Transaction ID: 27422963 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Retired		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3 . _	Full Name (Last, First, Middle Initial) Dr. David L Nelson, , MD Mailing Address 1363 S Eliseo Dr Ste E	3		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(Dity	State	Zip Code	Transaction ID: 27422966
<u>(</u>	Greenbrae	CA	94904-2012	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		500.00
1	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Mary I O'Connor, , MD			Date of Receipt
N	Mailing Address Mayo Clinic 4500 San Pablo Rd			03 11 2008
	Dity	State FL	Zip Code	Transaction ID: 27422967
F	Jacksonville FEC ID number of contributing ederal political committee.	C	32224-1865	Amount of Each Receipt this Period 1000.00
_ 1	Name of Employer Mayo Clinic Jacksonville	Occupatio Orthopae	n edic Surgeon	7
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SU	BTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 325 (check only one) X
or for commercial purposes, other th	nan using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful Political Action Committee	•	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle In Dr. Mark C Meier, , MD	itial)		Date of Receipt
Mailing Address Idaho Ortho 901 N Curti	ppaedic Society s #501		03 11 2008
City	State	Zip Code	Transaction ID: 27422970
Boise	ID	83706-1343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopaedic Associates	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle In Dr. David J Raab, , MD	itial)		Date of Receipt
Mailing Address 9000 Wauk	egan		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27422971
Morton Grove	<u>IL</u>	60053-2127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Illinois Bone & Joint	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle In Dr. Mark J Geppert, , MD	tial)		Date of Receipt
Mailing Address Marsh Broo 237 Route	k Professional Ctr 08		03 / 11 / 2008
City	State	Zip Code	Transaction ID: 27422978
Somersworth	NH	03878-1517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page	e (optional)		2000.00
TOTAL This Period (last page this		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 325 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	nerican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Daniel E Gelb, , MD		Date of Receipt
Mailing Address Univ of Maryland Orthopaedic Associa	tes PA	03 11 2008
City	State Zip Code	Transaction ID: 27422979
<u>Baltimore</u>	MD 21201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Maryland	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William A Jiranek, , MD		Date of Receipt
Mailing Address Dept of Orthopaedic Virginia Commonwea	alth University	03 / 11 / 2008
City Richmond	State Zip Code VA 23235-1900	Transaction ID: 27422980
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Virginia Commonwealth Uni- versity	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas J Yokan, , MD		Date of Receipt
Mailing Address 1309 S Dundee Dr		03 / 11 / 2008
City	State Zip Code	Transaction ID: 27422981
Sioux Falls	SD 57106-3397	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numb		•

	IEDULE A (FEC Form 3X) IIIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 325 (check only one) X
or for o	commercial purposes, other than using th	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) litical Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Dr.	l Name (Last, First, Middle Initial) Lisa DeGnore, , MD			Date of Receipt
	iling Address 1780 Nicholasville Ro			03 / 11 / 2008
City Le	y xington	State KY	Zip Code 40503-1427	Transaction ID: 27422982 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C		250.00
Nai Ky geo	me of Employer Orthopaedic & Hand Sur- ons	Occupation Orthopas	n edic Surgeon	
Rec	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
B. <u>Dr.</u>	I Name (Last, First, Middle Initial) Floyd R Jaggears, , MD	tion Dd		Date of Receipt
ivia 	iling Address 2795 Millstone Planta	ition Ha		03 / 11 / 2008
City	y Illahassee	State FL	Zip Code	Transaction ID: 27422983
FE	C ID number of contributing eral political committee.	C	32312-3881	Amount of Each Receipt this Period 500.00
Na Tal Cli	me of Employer Ilahassee Orthopaedic nic	Occupation Orthopas	n edic Surgeon	
Red	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	l Name (Last, First, Middle Initial) Jim K Hudson, , MD			Date of Receipt
Ma	iling Address 3635 Bienville Blvd			03 11 2008
City		State MS	Zip Code	Transaction ID: 27422984
FE	cean Springs C ID number of contributing leral political committee.	C	39564-5711	Amount of Each Receipt this Period 250.00
<u>cia</u>	me of Employer enville Orthopaedic Spe- lists	Occupation Orthopae	n edic Surgeon	
Red	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
		1		1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any persising the name and address of any political committee to the American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Vincent G Desiderio, , MD Mailing Address 3301 New Mexi	State Zip Code	Date of Receipt M M M D D V Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20016-3610	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John R Gleason, , MD Mailing Address 5671 Peachtree Ste 700	Dunwoody Rd NE	Date of Receipt 0 3 1 1 2 0 0 8
City Atlanta FEC ID number of contributing federal political committee.	State Zip Code GA 30342-5000	Transaction ID: 27422986 Amount of Each Receipt this Period 1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Elliott Hershman, , MD Mailing Address 130 E 77th St 7	th Fl	Date of Receipt 0 3 1 1 2 0 0 8
City	State Zip Code	Transaction ID: 27422987
New York FEC ID number of contributing federal political committee.	NY 10075-1851	Amount of Each Receipt this Period 1000.00
Name of Employer Lenox Hill Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (or	tional)	2250.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Richard David Barker, , MD Mailing Address 970 W Wooster S		Date of Receipt
City Bowling Green	State Zip Code OH 43402-2662	Transaction ID: 27422988 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Bowling Green Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Donald S Scott, , MD Mailing Address Univ Ortho Clinic	PC	Date of Receipt 0 3 1 1 2 0 0 8
PO Box 2447 City	State Zip Code	Transaction ID: 27422989
<u>Tuscaloosa</u>	AL 35403-2447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Spiro N Papas, , MD Mailing Address 200 Delafield Rd	Ste 1040	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27422991
Pittsburgh FEC ID number of contributing federal political committee.	PA 15215-3234	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	onal)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 / 325 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Air	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frank M Phillips, , MD Mailing Address Midwest Orthopaed	ics at Rush		Date of Receipt
1725 W Harrision S	t Ste 1063 State	Zip Code	0 3 1 1 2 0 0 8 Transaction ID: 27422992
Chicago	IL	60612-3835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gary David Botimer, , MD Mailing Address 13753 Locust Ln			Date of Receipt
City	State	Zip Code	0 3 1 1 2 0 0 8 Transaction ID: 27422993
Nampa	ID	83686-9367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Medical Center Physicians	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James C Kelly, , MD			Date of Receipt
Mailing Address 59 Faire Harbour Pl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27422996
New London	CT	06320-4739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259/325 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Douglas R Phillips, , MD			Date of Receipt
Mailing Address 811 13th St Ste 20			03 11 2008
City Augusta	State GA	Zip Code	Transaction ID: 27422997
FEC ID number of contributing federal political committee.	C	30901-2771	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Arlington Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Thomas J Parr, , MD Mailing Address 14090 Southwest F	Fwy Ste 130		Date of Receipt
City	State	Zip Code	0 3 1 1 2 0 0 8 Transaction ID: 27422998
Sugar Land	TX	77478-3683	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	<u>'</u>	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey C King, , MD			Date of Receipt
Mailing Address 7665 Finnagen Dr			03 11 2008
City	State	Zip Code	Transaction ID: 27422999
Mattawan FEC ID number of contributing	MI	49071-9541	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Healthcare Midwest	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 / 325 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Brian G Smith, , MD			Date of Receipt
Mailing Address Yale University Scho Dept of Orthopaedic		9	03 / 11 / 2008
City	State	Zip Code	Transaction ID: 27423001
New Haven	CT	06520-8071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Yale University	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Vincent N Oliviero, , MD			Date of Receipt
Mailing Address 1601 Congress St			03 11 7 2008
City	State	Zip Code	Transaction ID: 27423002
<u>Portland</u>	ME	04102-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Maine Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Michael P Young, , MD			Date of Receipt
Mailing Address 350 Fox Hunt Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27423003
Barrington	<u>IL</u>	60010-3423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lake Cook Orthopedic Assoc	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Alfred Ainsley Durham, , MD Mailing Address 2954 Lockridge Rd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Lewis Gale Physicians Receipt For: Primary General Other (specify)	State Zip Code VA 24014-4209 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Constantine Charoglu, , MD Mailing Address 3688 Veterans Men City Hattiesburg FEC ID number of contributing	State Zip Code MS 39401-8246	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Southern Bone & Joint Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. David C Baker, , MD Mailing Address 19 Brookwood Ave City Carlisle	Ste 104 State Zip Code PA 17015-9142	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	250.00
SUBTOTAL of Receipts This Page (optional	l)	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 / 325 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
_	Full Name (Last, First, Middle Initial) Dr. Danielle Katz, , MD			Date of Receipt
	Mailing Address Dept of Orthopedic S 550 Harrison St Ste 1			03 11 2008
	City	State	Zip Code	Transaction ID: 27423009
	Syracuse	NY	13202-3096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUNY Upstate	Occupation Orthopae	n edic Surgeons	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Michael J Bercik, , MD			Date of Receipt
	Mailing Address 711 Westminster Ave	Э		03 / 11 / 2008
	City	State	Zip Code	Transaction ID: 27423010
	Elizabeth	NJ	07208-2210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Brick Campbell, , MD			Date of Receipt
	Mailing Address 1356 Five Point RD			03 11 2008
	City	State	Zip Code	Transaction ID: 27423011
	Virginia Beach	VA	23454-1931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		500.00	
				1250.00

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Full Name (Last, First, Middle Initial) Dr. Charles Louis Lettvin, , MD Mailing Address Illinois Bone & Joint I 2101 Waukegan Rd & City Bannockburn FEC ID number of contributing federal political committee. Name of Employer Illinois Bone and Joint Institute	Ste 110 State IL C Occupation	Zip Code 60015-1836	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. S Glen Neale, , MD Mailing Address 555 Washington Hwy	/ Ste 1		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State VT	Zip Code	Transaction ID: 27423013
Morrisville FEC ID number of contributing federal political committee. Name of Employer	C	05661-8972	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Orthopae	edic Surgeon Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Van Paul Stamos, , MD			Date of Receipt
Mailing Address 360 E Randolph St #		7:01	03 11 2008
City Chicago	State II	Zip Code 60601-7339	Transaction ID: 27423014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.700	1250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	_, '	Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 / 325 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard S Sherman, , MD Mailing Address 1472 Berkley Ct			Date of Receipt
City Deerfield	State IL	Zip Code 60015-2114	Transaction ID: 27423015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Scott A Rubinstein, , MD Mailing Address 2860 N Broadway S	St Ste 202		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27423016
Chicago	IL	60657-6017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Edward J Logue, , MD	'		Date of Receipt
Mailing Address 350 S Greenleaf St	Ste 405		03 11 2008
City	State	Zip Code	Transaction ID: 27423017
Gurnee FEC ID number of contributing federal political committee.	C	60031-5709	Amount of Each Receipt this Period 1250.00
Name of Employer Illinois Bone & Joint Ins- titute		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	l)		3750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 265 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael D Kornblatt, , MD Mailing Address 9000 Waukegan Ro City Morton Grove FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code IL 60053-2127 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ira Bennett Kornblatt, , MD Mailing Address 1660 Sylvester PI City Highland Park FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code IL 60035-3335 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Alexander C Gordon, , MD Mailing Address 650 Washington PI City Highland Park FEC ID number of contributing federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary General Other (specify)	State Zip Code IL 60035-4918 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	I) >	3750.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 266 / 325 (check only one) X 11a
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and a n Full)	ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middon Dr. Wayne M Goldstein, MD Mailing Address 9000 W City Morton Grove FEC ID number of contribut federal political committee. Name of Employer Illinois Bone & Joint Institute Receipt For: Primary Gen Other (specify)	aukegan Rd State IL ing C Occupati Orthopa Aggrega	Zip Code 60053-2127 on aedic Surgeon te Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Midd Dr. Thomas F Gleason, , MD Mailing Address 734 Ral City Glenview FEC ID number of contribut federal political committee.	eigh Rd State IL	Zip Code 60025-4326	Date of Receipt M M M O 3 1 1 2 0 0 8 Transaction ID: 27423022 Amount of Each Receipt this Period 1250.00
Name of Employer Illinois Bone & Joint Institute Receipt For: Primary Gen Other (specify)	Aggrega	on aedic Surgeon te Year-to-Date ▼ 1250.00	
Full Name (Last, First, Midd Dr. Arnold Keith Cohn, , MD Mailing Address 2101 W		Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Bannockburn FEC ID number of contribut federal political committee.	IL	60015-1836	Amount of Each Receipt this Period 1250.00
Name of Employer Illinois Bone and Joint Institute Receipt For: Primary Other (specify) ▼		on aedic Surgeon te Year-to-Date ▼	
SUBTOTAL of Receipts This	Page (optional)		4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 267 / 325 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Leon S Benson, MD Mailing Address 2401 Ravine Way S	 Ste 200		Date of Receipt
City Glenview	State IL	Zip Code 60025-7645	Transaction ID: 27423024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Illinois Bone & Joint Ins- titute Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan C Waxman, , MD Mailing Address Illinois Bone & Join 2101 Waukegan Ro			Date of Receipt 0 3 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: 27423025
Bannockburn IL		60015-1836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Illinois Bone & Joint Ins- titute		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Taizoon H Baxamusa, , MD,FACS			Date of Receipt
Mailing Address 3119 Doriann Dr			03 11 2008
City	State	Zip Code	Transaction ID: 27423026
Northbrook FEC ID number of contributing	C	60062-6909	Amount of Each Receipt this Period 1250.00
federal political committee. Name of Employer Illinois Bone & Joint Ins-	Occupation		
titute Receipt For:		edic Surgeon e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	1250.00	
SUBTOTAL of Receipts This Page (optional	_		3750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 325 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to	con for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Kimberly J Templeton, , MD		Date of Receipt
Mailing Address Univ of Kansas Dept of Orthopa		03 / 11 / 2008
City	State Zip Code	Transaction ID: 27423027
Kansas City	KS 66160-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Univ of Kansas Medical Ce- nter	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Dr. David E Brown, , MD		Date of Receipt
Mailing Address 2725 S 144th S	t Ste 212	03 / 19 / 2008
City	State Zip Code	Transaction ID: 27493378
<u>Omaha</u>	NE 68144-5253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ortho West	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Charles Fitzgibbons, , MD		Date of Receipt
Mailing Address 7710 Mercy Rd		03 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NE 68124-2346	Transaction ID: 27493379
Omaha FFO ID a salah sal		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer GIKK, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (on	tional)	2000.00
	number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Byron H Izuka, , MD		Date of Receipt
Mailing Address Pali Momi Med Ctr 98-1079 Moanalua	Rd Ste 600	03 19 2008
City	State Zip Code	Transaction ID: 27493380
Aiea	HI 96701-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Joseph Cangemi, , MD	'	Date of Receipt
Mailing Address 110 N Poplar St		03 19 2008
City	State Zip Code	Transaction ID: 27493383
Oxford	OH 45056-1204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hamilton Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Douglas C Brown, , MD	•	Date of Receipt
Mailing Address 312 Grammont St S	Ste 302	03 19 2008
City	State Zip Code	Transaction ID: 27493384
Monroe	LA 71201-7403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	J)	1750.00
	ber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 / 325 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and add	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. William N Levine, , MD Mailing Address Columbia University 622 W 168th St Ph-111 City New York FEC ID number of contributing federal political committee. Name of Employer Columbia University Receipt For:	State NY C Occupatio Orthopae	Zip Code 10032-3720 n edic Surgeon e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	7.99.09	1000.00	
В.	Dr. Donald I Saltzman, , MD Mailing Address 10 Crossroads Dr Ste 2 City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Advanced Med for Ortho Surg & Sports M Receipt For: Primary General Other (specify) ▼	State MD C Occupatio Orthopae	Zip Code 21117-5461 n edic Surgeon e Year-to-Date 250.00	Date of Receipt M M M
C.	Full Name (Last, First, Middle Initial) Dr. Sheldon S Lin, , MD Mailing Address New Jersey Medical So 90 Bergen St City Newark FEC ID number of contributing federal political committee. Name of Employer UMDNJ Receipt For: Primary General Other (specify)	State NJ C Occupatio Orthopae	Zip Code 07103-2425 n edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			2250.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 / 325 (check only one) X
NAME	nation copied from such Reports and Sta mercial purposes, other than using the r OF COMMITTEE (In Full) cal Action Committee of the Ameri			on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing City Monte FEC ID federal Name of Precision Receip	o number of contributing political committee. of Employer on Orthopedics	<u> </u>	Zip Code 93940-6666 n edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt 0 3 19 2008 Transaction ID: 27493389 Amount of Each Receipt this Period 250.00
Full Na Dr. Geo	ume (Last, First, Middle Initial) orge T Salloum, , MD Address Bienville Orthopaedic S 1720- A Medical Park D	Specialists Or Ste 220 State MS	Zip Code 39532	Date of Receipt M M
Name of Bienvill ialists Receip	on number of contributing political committee. of Employer le Orthopedic Spectit For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼	1000.00
Dr. Geo Mailing	ume (Last, First, Middle Initial) orge W Prutzman, Jr, MD Address 689 Sierra Rose Dr Ste			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	number of contributing political committee.	State NV	Zip Code 89511-2076	Transaction ID: 27493391 Amount of Each Receipt this Period 1000.00
Name o Advano	of Employer ced Orthopaedics	Occupation	n edic Surgeon	
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOT	AL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 / 325 (check only one) X
or for commercial purposes, or NAME OF COMMITTEE (ther than using the name and ad In Full)	ay not be sold or used by any personderess of any political committee to ciation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid- Dr. Max William Cohen, , MD			Date of Receipt
	sboro Spine & Scoliosis Ctr Church St Ste 301	•	03 / 19 / 2008
City Greensboro	State NC	Zip Code 27401-1449	Transaction ID: 27493403
FEC ID number of contributed federal political committee.		2/401-1449	Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Conter, PA Receipt For: Primary Ge Other (specify) ▼	Оттюра	e Year-to-Date ▼	
Full Name (Last, First, Mide Dr. Jose Antonio Ortiz, Jr, MI Mailing Address 1400 B)		Date of Receipt 0 3 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: 27493405
Eau Claire	WI	54703-5222	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting		250.00
Name of Employer Luther Clinic	Occupation Orthopa	on ledic Surgeon	
Receipt For: Primary Ge Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mide Dr. William R Hale, , MD	dle Initial)		Date of Receipt
Mailing Address 1800 N	l Orange Grove Ave		03 / 19 / 2008
City	State	Zip Code	Transaction ID: 27493406
Pomona FEC ID number of contributed federal political committee.	ting CA	91767-3006	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopa	on ledic Surgeon	
Receipt For: Primary Ge Other (specify) ▼	neral Aggregat	e Year-to-Date ▼ 1000.00	
CUPTOTAL of Deceints This	Page (optional)		2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2/3 / 325 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John L Putnam. , MD			Date of Receipt
Mailing Address 4350 S National Ste	e C-200		03 19 2008
City Springfield	State MO	Zip Code 65810-2782	Transaction ID: 27493407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Putnam Orthopaedic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Daniel W Guehlstorf, , MD			Date of Receipt
Mailing Address 3111 W Rawson Av	ve Ste 200		03 19 2008
City	State	Zip Code	Transaction ID: 27493410
<u>Franklin</u>	WI	53132-8890	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Howard J Luks, , MD			Date of Receipt
Mailing Address 36 Fieldstone Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27493411
Katonah FEC ID number of contributing federal political committee.	C	10536-3342	Amount of Each Receipt this Period 500.00
Name of Employer University Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 274 / 325 (check only one) X
Ar	ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
	Full Name (Last, First, Middle Initial)		Taking the Charles and Cargot	
1 .	Dr. Martin Shelton Tullus, , MD Mailing Address 4011 Talbot Rd S Ste	300		Date of Receipt 0 3 2 0 2 0 0 8
	City Renton	State WA	Zip Code 98055-5791	Transaction ID: 27493590 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	98033-3791	1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Paul D Burton, , DO Mailing Address 250 Campbell Ave	I		Date of Receipt
	City	State	Zip Code	0 3 2 0 2 0 0 8 Transaction ID: 27493591
	Redlands FEC ID number of contributing federal political committee.	CA	92373-6832	Amount of Each Receipt this Period 1000.00
	Name of Employer Arrowhead Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
 ;_	Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD			Date of Receipt
	Mailing Address Univ TX HIth Sci Ctr a 7703 Floyd Curl Dr Mo			03 20 7 2008
	City San Antonio	State TX	Zip Code 78229-3901	Transaction ID: 27493594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Texas Health Scie- nce Center	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
s	UBTOTAL of Receipts This Page (optional) .			2500.00

or for commercial pu			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
NAME OF COM	ed from such Reports and Sirposes, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
\	MITTEE (In Full) Committee of the Amer	rican Associ	ation of Orthopaedic Surge	ons
Dr. David Matthew				Date of Receipt
	3270 20 St South			03 20 2008
City Fargo		State ND	Zip Code	Transaction ID: 27493596
FEC ID number of federal political co		C	58104-5917	Amount of Each Receipt this Period 1000.00
Name of Employed Self Employed	er	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 1000.00	
Dr. Thomas P Scu				Date of Receipt
Mailing Address	Attn: Carol Ibsen Hosp for Special Surge	ery		03 20 2008
City New York		State NY	Zip Code	Transaction ID: 27493598
FEC ID number of federal political co		C	10021-4892	Amount of Each Receipt this Period 1000.00
Name of Employed Hospital for Speci	er ial Surg-	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, Dr. Reginald E Ma	First, Middle Initial)			Date of Receipt
Mailing Address	<u> </u>			03 20 2008
City		State	Zip Code	Transaction ID: 27493599
Brooklyn		NY	11215-3693	Amount of Each Receipt this Period
FEC ID number of federal political co		C		500.00
Name of Employe Methodist Hospit	er al	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Rec	eipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 276 / 325 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee terican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Jaroslaw B Dzwinyk, , MD Mailing Address 600 W Lake Cook Ro City Buffalo Grove FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60089-2091 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Norman B Livermore, III, MD Mailing Address 120 La Casa Via Ste City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	206 State Zip Code CA 94598-3007 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 2 0 8 Transaction ID: 27493603 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Michael A Kelly, , MD Mailing Address 360 Essex St #303 City Hackensack FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07601-8566 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1800.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 277 / 325 (check only one) X
NAME OF COMMITTEE (In	Full)	ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl		Clation of Orthopaedic Surger	
Dr. A Edward Dean, Jr, MD Mailing Address 820 Jorg	lan St Ste 201 F		Date of Receipt 0 3 2 0 2 0 8
City	State	Zip Code	Transaction ID: 27493606
Shreveport	LA	71101-4519	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		500.00
Name of Employer Retired	Occupati Orthopa	on aedic Surgeon	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middl Dr. Frank Capecci, , MD			Date of Receipt
Mailing Address 109 Rt 4	·6 E		03 20 2008
City	State	Zip Code	Transaction ID: 27493608
<u>Denville</u>	NJ	07834	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		250.00
Name of Employer Self Employed	Occupati Orthopa	on aedic Surgeon	
Receipt For: Primary General		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middl Dr. Allen G Lang, , MD	e Initial)		Date of Receipt
Mailing Address VAMC 3600 30			03 20 7 2008
City	State	Zip Code	Transaction ID: 27493610
<u>Des Moines</u> FEC ID number of contributi federal political committee.	ng C	50310-5753	Amount of Each Receipt this Period 250.00
Name of Employer VMAC	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 278 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Jeffrey C Dick, , MD			Date of Receipt
	Mailing Address 7373 France Ave S S	te 312		03 20 2008
	City	State	Zip Code	Transaction ID: 27493613
	<u>Edina</u>	MN	55435-4549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Twin City Orthopaedics	Occupation Orthopas	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. David A Katcherian, , MD			Date of Receipt
	Mailing Address 13983 Covington Dr			03 / 20 / 4 9 9 9
	City	State	Zip Code	Transaction ID: 27493614
	Plymouth	MI	48170-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry Ford Health System		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Cameron More, , MD			Date of Receipt
	Mailing Address 6 Sandhill Rd Ste 102			03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27493619
	Flemington	NJ	08822-4946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hunterdon Orthopaedics		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 / 325 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David W Gray, , MD Mailing Address 3450 Park Hollow City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Cook Children's Physicians Network Receipt For: Primary General Other (specify)	State Zip Code TX 76109-2549 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 0 8 Transaction ID: 27493620 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Richard A Brown, , MD Mailing Address 9850 Genesee Ave City La Jolla FEC ID number of contributing federal political committee. Name of Employer Torrey Pines Orthopaedics Receipt For:	State Zip Code CA 92037-1206 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Lawrence R Housman, , MD Mailing Address 2424 N Wyatt Dr St City Tucson FEC ID number of contributing federal political committee. Name of Employer Tucson Orthopaedic Instit-	500.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 0 2 0 0 8 Transaction ID: 27493622 Amount of Each Receipt this Period 1000.00
Tucson Ortnopaedic Institute PC Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 / 325 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any per e name and address of any political committee erican Association of Orthopaedic Surgo	
Full Name (Last, First, Middle Initial) Dr. Christopher A Wills, , MD Mailing Address 725 W La Veta Ave St City Orange FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code CA 92868-4439 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert S Adelaar, , MD Mailing Address Dept of Ortho Surgery Box 980153, MCV Sta City Richmond FEC ID number of contributing federal political committee. Name of Employer VCU Health System Receipt For: Primary General	tion State Zip Code VA 23298-0153 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Joseph P Walls, , MD Mailing Address 755 N Roop St Ste 10 City Carson City FEC ID number of contributing federal political committee. Name of Employer Capitol Orthopedics	State Zip Code NV 89701-3107 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persordress of any political committee to		
Political Action Committee of the Amer	rican Assoc	iation of Orthopaedic Surgeo	ons	
Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD			Date of Receipt	
Mailing Address 5530 Wisconsin Ave S	te 1660		03 20 2008	
City	State	Zip Code	Transaction ID: 27493626	
Chevy Chase	MD	20815-4322	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Summit Ortho	Occupatio	n edic Surgeon		
Receipt For:		e Year-to-Date ▼		
Primary General Other (specify) ▼	33 13	300.00		
Full Name (Last, First, Middle Initial) Dr. John R Payne, , MD	l		Date of Receipt	
Mailing Address 731 Leighton Av Ste 30	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	City State Zip Code			
Anniston	AL	36207-5762	Transaction ID: 27493628 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Anniston Orthopaedics Ass- ociates	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Robert E Van Demark, Jr, MD			Date of Receipt	
Mailing Address Van Demark Orthopae 1210 W 18th Ste G01	dic Speciali	sts	03 20 7 2008	
City	State	Zip Code	Transaction ID: 27493629	
Sioux Falls	SD	57104-4651	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Sanford Health	Occupatio Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional))	850.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Gerard G Adler, , MD Mailing Address 305 Woodland Ln City Oconomowoc FEC ID number of contributing federal political committee. Name of Employer Aurora Medical Group Receipt For: Primary General Other (specify)	State Zip Code WI 53066-2734 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Hooman Meir Melamed, , MD Mailing Address Diagnostic & Interver 13160 Mindanao Wase City Marina Del Rey FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard J Claveria, , MD Mailing Address 30251 Via Festivo City San Juan Capistran FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92675-5410 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1150.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 283 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committ	e name and ad	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	Elloali Assoc	Tallott of Orthopaedic Surget	1113
A.	Dr. Jose Miguel Santiago-Figueroa, , MD Mailing Address El Mirador 8th St G-19	5		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City San Juan	State PR	Zip Code 00926	Transaction ID: 27493635 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00020	500.00
	Name of Employer Condado Orthopaedic	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) Dr. John P Lyden, , MD Mailing Address Hosp for Special Surg	lerv		Date of Receipt
	Rm 355 West	State	Zip Code	0 3 2 0 2 0 0 8 Transaction ID: 27493637
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
с. С.	Full Name (Last, First, Middle Initial) Dr. Charles A Roth, , MD			Date of Receipt
	Mailing Address 4541 N Davis Hwy Sto	e A		03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27493638
	Pensacola FEC ID number of contributing federal political committee.	FL C	32503-2733	Amount of Each Receipt this Period 500.00
	Name of Employer Gulf Coast Orthopaedic Sp- ecialists_		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .)	1250.00
	TOTAL This Period (last page this line number	r only)	······································	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 284 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee nerican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Randeep S Kahlon, , MD Mailing Address 4745 Ogletown-Stant City Newark FEC ID number of contributing federal political committee. Name of Employer First State Orthopaedics	state Zip Code DE 19713-1340 C Occupation	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. D Scott Redman, , MD Mailing Address 12 E 5th Ave Ste 202	2	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27570631
<u>Spokane</u>	WA 99202-1366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Inland Orthopaedics of Sp- okane	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bret Batchelor, , MD		Date of Receipt
Mailing Address Coastline Orthopaedi 11160 Warner Ave S	te 311	03 / 25 / 2008
City <u>Fountain Valley</u>	State Zip Code CA 92708-4055	Transaction ID: 27570632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	CA 92706-4055	1000.00
Name of Employer Coastline Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	х)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 / 325 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jose Manuel Montanez-Huertas, , MD Mailing Address Villa Torrimar Reir	na Isabel 410		Date of Receipt
City Guaynabo	State PR	Zip Code 00969	0 3 2 5 2 0 0 8
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Champine, , MD Mailing Address 8210 Walnut Hill L Ste 130, LB 11	n		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27570636
Dallas	TX	75231-4405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Texas Orthopaedic Associa- tes, LLP		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. David A Halsey, , MD	•		Date of Receipt
Mailing Address Orthopaedic Speci 192 Tilley Drive			03 25 2008
City South Burlington	State VT	Zip Code 05403-4440	Transaction ID: 27570637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100 1110	1000.00
Name of Employer University of Vermont	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 286 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Linda Thompson, , MD Mailing Address 502 Rue de Sante S City La Place FEC ID number of contributing federal political committee. Name of Employer River Region Orthopedics	State Zip Code LA 70068-5424 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Dr. James Hon-Kit Lau, , MD Mailing Address 3010 W Orange Av City	e Ste 303 State Zip Code	Date of Receipt M
Anaheim FEC ID number of contributing federal political committee. Name of Employer	CA 92804-3172 C Occupation	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark A Kelley, , MD Mailing Address MSOC 4972B W. Clark Rd	l. State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ypsilanti FEC ID number of contributing federal political committee.	MI 48197-1112	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1250.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS Information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 287 / 325 (check only one) X
or for	commercial purposes, other than using the r AME OF COMMITTEE (In Full) olitical Action Committee of the Ameri	name and add	dress of any political committee to	solicit contributions from such committee.
A. <u>D</u> i	ull Name (Last, First, Middle Initial) r. Oheneba Boachie-Adjei, , MD			Date of Receipt
IVI	ailing Address Hosp for Special Surger 535 E 70th St	ý		03 27 2008
	ity	State	Zip Code	Transaction ID: 27570649
FE	ew York EC ID number of contributing deral political committee.	C	10021-4872	Amount of Each Receipt this Period 500.00
<u>er</u>	ame of Employer ospital for Special Surg- y eceipt For: Primary General Other (specify) ▼	<u> </u>	edic Surgeon e Year-to-Date ▼ 500.00	
B. D	ull Name (Last, First, Middle Initial) r. Albert E Sanders, , MD ailing Address Univ TX HIth Sci Ctr at	San Antoni		Date of Receipt
	7703 Floyd Curl Dr MC	7774 State	Zip Code	0 3 2 7 2 0 0 8 Transaction ID: 27570651
FE	an Antonio EC ID number of contributing deral political committee.	C	78229-3901	Amount of Each Receipt this Period 500.00
Na U	ame of Employer THSC-San Antonio	Occupatio Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) r. David E Attarian, , MD			Date of Receipt
М	ailing Address Duke Health Ctr Ortho 3116 N Duke St			03 27 2008
Ci	ity	State	Zip Code	Transaction ID: 27570652
<u>D</u>	urham	NC	27704-2102	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na D	ame of Employer uke University	Occupatio Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 288 / 325 (check only one) X 11a
A oi	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Associ	ation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Thomas M McQuail, , MD			Date of Receipt
	Mailing Address 4125 Oberon Dr			03 27 2008
	City	State	Zip Code	Transaction ID: 27570655
	Smyrna	GA	30080-5201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Deborah A Henley, , MD			Date of Receipt
	Mailing Address 332 Dewey St			03 / 27 / 4 2008
	City	State	Zip Code	Transaction ID: 27570656
	Bennington	VT	05201-2225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Rodgers, , MD			Date of Receipt
	Mailing Address Des Moines Orthopa 6001 Westown Pkwy			03 / 27 / 4 7 7 9
	City	State	Zip Code	Transaction ID: 27570659
	West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DMOS		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 289 / 325 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to be rican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Thomas E Baier, , MD Mailing Address 725 Stonegate City Libertyville FEC ID number of contributing federal political committee. Name of Employer Greenleaf Orthopedic Receipt For: Primary General Other (specify)	State Zip Code IL 60048-1855 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Peter T Hurley, , MD Mailing Address 214 18th St SE City Hickory FEC ID number of contributing federal political committee. Name of Employer Hickory Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code NC 28602-1363 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Raymond J Boniface, , MD Mailing Address 835 McKay Ct Ste 10 City Youngstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	O State Zip Code OH 44512-5786 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· ·	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 290 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to perican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John P Buckley, , MD Mailing Address PO Box 2447 City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer University Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code AL 35403-2447 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mitchell Forest Reiter, , MD Mailing Address 50 Blazier Rd City Martinsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08836-2041 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mohammad Shafi, , MD Mailing Address 1907 Park Ave Ste 10 City South Plainfield FEC ID number of contributing federal political committee. Name of Employer Central Jersey Orthopaedic Specialists Receipt For: Primary General Other (specify)	State Zip Code NJ 07080-5530 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 291 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mand add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Steven W Pearson, , MD			Date of Receipt
	Mailing Address 5333 Hollister Ave St	e 120		03 28 2008
	City	State CA	Zip Code	Transaction ID: 27570673
	Santa Barbara FEC ID number of contributing federal political committee.	C	93111-3314	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Ronald Y G Woo, , MD			Date of Receipt
	Mailing Address 3015 Squalicum Pkw	y Ste 200		03 28 2008
	City	State	Zip Code	Transaction ID: 27570674
	Bellingham	WA	98225-1906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Peace Health	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Margaret R Albanese, , MD			Date of Receipt
	Mailing Address 1903 Sunset Ave			03 28 2008
	City	State	Zip Code	Transaction ID: 27570677
	Utica	NY	13502-5617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mohawk Valley Orthopaedics		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г				1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 292 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Joel T Jeffries, , MD Mailing Address Missouri Spine Ctr 402 N Keene St Ste 10	00		Date of Receipt 0 3 28 2008
	City	State	Zip Code	Transaction ID: 27570678
	Columbia	MO	65201-6986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Missouri Spine Ctr	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD	1		Date of Receipt
	Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 10 City		Zip Code	03 28 2008
	Austin	State TX	78705-2700	Transaction ID: 27570679 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70103-2700	1000.00
	Name of Employer Austin Bone & Joint Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Richard L Levitt, , MD			Date of Receipt
	Mailing Address 1150 Campo Sano Av	e Ste 301		03 / 28 / 2008
	City	State	Zip Code	Transaction ID: 27570680
	Coral Gables	FL	33146-1174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Southern Florida Orthopae- dics	- '	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 293 / 325 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso of the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Russell S VanderWilde, , MD Mailing Address 601 W 5th Ave Ste City Spokane FEC ID number of contributing federal political committee. Name of Employer Northwest Orthopaedics	State Zip Code WA 99204-2715 C Occupation Orthopaedic Surgeon	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, , MD Mailing Address 707 S Garfield Ave City	Ste 201 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Alhambra FEC ID number of contributing federal political committee.	CA 91801-5861	Transaction ID: 27570682 Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedic Group Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Champine, , MD Mailing Address 8210 Walnut Hill Li Ste 130, LB 11	n	Date of Receipt 0 3 2 8 2 0 0 8
City <u>Dallas</u> FEC ID number of contributing federal political committee.	State Zip Code TX 75231-4405	Transaction ID: 27570683 Amount of Each Receipt this Period 1000.00
Name of Employer Texas Orthopaedic Associates, LLP Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional	al)	2500.00
TOTAL This Period (last page this line num	abor only)	523485.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 294 / 325 (check only one) 11a 11b 11c 12 13 14 X 15 16 1
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to derican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road City Rosemont	State Zip Code IL 60018	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	Occupation	690.43
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.43	Refund bank fees from aff- iliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27357950
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2559.62
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3250.05	Refund from affiliated organization for bank fees
Full Name (Last, First, Middle Initial)	1	2. (2
American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road		Date of Receipt M M
City	State Zip Code	Transaction ID: 27496808
Rosemont FEC ID number of contributing federal political committee.	IL 60018	Amount of Each Receipt this Period 4096.97
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7347.02	Refund of bank fees from affiliated organization
SUBTOTAL of Receipts This Page (optional)		7347.02
TOTAL This Period (last page this line number	er only)	7347.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 295 / 325 (check only one) 11a 11b 11c 12 13 14 15 16 X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surge	
/		
Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.		Date of Receipt
Walling Address 50 S. LaSalle St.		01 02 2008
City	State Zip Code	Transaction ID: 27315090
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3691.97
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3691.97	Interest earned on bank account
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		01 31 7 2008
City	State Zip Code	Transaction ID: 27315091
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.98
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3725.95	Interest earned on bank account
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		02 29 2008
City	State Zip Code	Transaction ID: 27414668
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.78
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6994.22	Interest income on bank account
SURTOTAL of Receipts This Page (optional)		3757.73

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 296 / 325 (check only one) 11a 11b 11c 12 13 14 15 16 X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to be rican Association of Orthopaedic Surgeon	
/	ondan recognition of ormopacate cargot	
Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.		Date of Receipt
- S. LaSalle St.		02 01 2008
City	State Zip Code	Transaction ID: 27414669
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3236.49
Name of Employer	Occupation	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	6962.44	Interest income on bank account
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		03 / 31 / 2008
City	State Zip Code	Transaction ID: 27640742
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.96
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	9890.77	Interest earned on bank account
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		03 03 7 9 9 9
City	State Zip Code	Transaction ID: 27640745
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2864.59
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 9858.81	Interest earned on bank account
SUBTOTAL of Receipts This Page (optional)	·	6133.04
(-12-11-12-11-13-1-14-14-14-14-14-14-14-14-14-14-14-14-1		

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В.

C.

CHEDULE B (FEC Form 3X)	Use separate schedule(s			297 / 325
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21	(check only one) X 21b 22 23 24 25 27 28a 28b 28c 29	
ny Information copied from such Reports and Statem				
for commercial purposes, other than using the name	e and address of any politica	l committee t	to solicit contributions from such committee	
NAME OF COMMITTEE (In Full)				
Political Action Committee of the American	n Association of Orthopa	aedic Surge	eons	
Full Name (Last, First, Middle Initial)			Transaction ID: 27124458	
Northern Trust Company			Date of Disbursement	
Mailing Address 50 S. LaSalle St.			01 04 7 2008	Y
City	State Zip Code		Amount of Each Disbursement this P	erio
•	IL 60675			-
Purpose of Disbursement			357.50)
Bank fees deducted from account		001		
Candidate Name		Category/		
		Type		
Senate President	ement For: Primary General Other (specify)		Bank fees deducted from account	
State: District:				
Full Name (Last, First, Middle Initial)			Transaction ID: 27315092	
Northern Trust Company			Date of Disbursement	
Mailing Address 50 S. LaSalle St.			01 24 7 2008	Y
,	State Zip Code IL 60675		Amount of Each Disbursement this P	'erio
Purpose of Disbursement Bank fees deducted from account	598.6	1		
Candidate Name		001 Category/ Type		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		Bank fees deducted from account	
Full Name (Last, First, Middle Initial)				
Northern Trust Company			Transaction ID: 27332786 Date of Disbursement	
Mailing Address 50 S. LaSalle St.			0 1 M / D 2 4 / Y 2 0 0 8	Y
•	State Zip Code IL 60675		Amount of Each Disbursement this P	'erio
Purpose of Disbursement			598.6	1
Bank fees deducted from account		001		
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)		Bank fees deducted from account	
State: District:				
SUBTOTAL of Disbursements This Page (optional) .		<u>.</u>	1554.72	2
TOTAL This Period (last page this line number only)			<u> </u>	Ξ

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBER: PAGE 298/325		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(ch	eck or 21b	nly one) 22 23 7	24 25 2	
	Detailed duffifflary Fage		27	28a 28b	28c 29 3	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Association of Orthopaed	dic Su	rgeor	าร		
Full Name (Last, First, Middle Initial)				Transaction ID: 273	315093	
Northern Trust Company				Date of Disbursemen	nt	
Mailing Address 50 S. LaSalle St.				02 / 06	Ž O O 8	
City Chicago	State Zip Code IL 60675			Amount of Each Disl	bursement this Period	
Purpose of Disbursement	. <u>. </u>	v			1961.01	
Bank fees deducted from account Candidate Name	[.	001 Catego	_			
Calluldate Name		Type	•			
Office Sought: House Disburse Senate President	ment For: Primary General			Bank fees deducte account	ed from	
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)				Transaction ID: 273	332785	
Northern Trust Company				Date of Disbursemer		
Mailing Address 50 S. LaSalle St.				02 20	2008	
City Chicago	State Zip Code IL 60675			Amount of Each Disl	bursement this Period	
Purpose of Disbursement	100073		_	-	-598.61	
Void - Northern Trust Company		001				
Candidate Name	'	Catego Type	-			
Office Sought: House Disburse Senate President	ement For: Primary Other (specify)			Void - Northern Tr pany	ust Com-	
State: District:						
Full Name (Last, First, Middle Initial) Northern Trust Company				Transaction ID: 274 Date of Disbursemen	-	
Mailing Address 50 S. LaSalle St.				02 02 5	2008	
City Chicago	State Zip Code IL 60675			Amount of Each Disl	bursement this Period	
Purpose of Disbursement	100073		_	-	1974.77	
Bank fees deducted from account		001				
Candidate Name		Catego Type	-			
Office Sought: House Disburse Senate President	Primary General			Bank fees deducte account	ed from	
State: District:	Other (specify)					

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	NE NUMBER:	PAGE 299 / 325
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22	24 25 26
	, ,	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Political Action Committee of the American	Association of Orthopa	edic Surgeo	ns	
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 274 Date of Disbursement	
Mailing Address 50 S. LaSalle St.			03 / 05	2008
City Chicago	State Zip Code IL 60675		Amount of Each Disl	bursement this Period
Purpose of Disbursement	100075			2122.20
Bank fees deducted from account		001		
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		Bank fees deducte account	ed from
State: District:				
Full Name (Last, First, Middle Initial) United States Treasury			Transaction ID: 274	
			Date of Disbursemen	-
Mailing Address			03 13	2008
City	State Zip Code		Amount of Each Disk	oursement this Period
Purpose of Disbursement Income Taxes on Interest Income for 2007		001		4382.00
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)		Income Taxes on Income for 2007	Interest
State: District: Full Name (Last, First, Middle Initial)				
United States Treasury			Transaction ID: 274 Date of Disbursement	
Mailing Address			0 3 1 7 1 7	Y 2008
City	State Zip Code		Amount of Each Disl	bursement this Period
Durance of Dishura amount	1		_	-4382.00
Purpose of Disbursement Void - United States Treasury		001		.552.00
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	71 -	Void - United State	os Troa-
Senate	Primary General		sury	55 116a-
State: President State:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .		.		2122.20

TOTAL This Period (last page this line number only)

District:

President

19E# 20330010304			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check		NUMBER: PAGE 300 / 325
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22
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NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopa	edic Surgeons	3
Full Name (Last, First, Middle Initial) Financial Agent Mailing Address Federal Tax Deposit Pro PO Box 970030	ocessing		Transaction ID: 27431411 Date of Disbursement O 3 M / D 1 7 Y Y Y O Y 8 Y Y Y O Y 8 Y Y Y O Y O Y O
City St. Louis	State Zip Code MO 63197		Amount of Each Disbursement this Period
Purpose of Disbursement Income Tax on 2007 Interest Income		001	4382.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		Income Tax on 2007 Interest Income
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 27581898 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} M & M & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account Candidate Name	001	762.95	
		Category/ Type	
Office Sought: House Disburs Senate	ement For: Primary General		Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)	•	5144.95
TOTAL This Period (last page this line number only)	<u> </u>	12159.04

Other (specify)

State:

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<u>/_</u>												
	Full Name (Last, First, Middle Initial) National Republican Congressional Comn	nittee				Date		burse		8318	Ý 0 Ŏ 8	o Y
	Mailing Address 320 First Street, SE					0 1		Ų	9		2000	0
	City Washington	State Zip 0	Code 003			Amou	ınt of	Each	Disbu		nt this	
	Purpose of Disbursement			01		L.		•		15	5000.0	00
	Candidate Name			Cate Tyl	gory/ oe							
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General									
	Full Name (Last, First, Middle Initial)					Trans	sactio	n ID:	2709	8319		
	GLACIER PAC					Date	of Dis	burse	ment			
	Mailing Address 818 Connecticut Ave, NV Suite 1100	V				0 ^M 1	M /	^D 0	9 /	Y	ž 0 Ď 8	8 ^Y
	City Washington	State Zip 0	Code 106			Amou	ınt of	Each	Disbu	irseme	nt this	Perio
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	Full Name (Last, First, Middle Initial) Tuesday Group PAC					Date	of Dis	burse	ment	8317		
	Mailing Address PO Box 40385					0 ^M 1	M /	^D 0	9 /	Υ	ž o ŏ ŧ	8 ^Y
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	Dei	ailed Summary Page	27	28a 28b 28c 2	25 29
				for the purpose of soliciting contribut plicit contributions from such commit	
NAME OF COMMITTEE (In Fig. Political Action Committee	ıll)				
Full Name (Last, First, Middle I National Republican Sena	•			Transaction ID: 27157946 Date of Disbursement	
Mailing Address 425 Sec	ond Street NE			01 22 7 20	8 0
City Washington	State DC	Zip Code 20002		Amount of Each Disbursement the	
Purpose of Disbursement			011	1500	0.00
Candidate Name			Category/ Type		
Office Sought: House Senate Preside	Disbursement Prim		•		
State: District: Full Name (Last, First, Middle I	nitial)				
Republican National Com	,			Transaction ID: 27157945 Date of Disbursement	
Mailing Address 310 First	Street SE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0 8 °
City Washington	State DC	Zip Code 20003		Amount of Each Disbursement the	his Perio
Purpose of Disbursement			011	1500	0.00
Candidate Name			Category/ Type		
Office Sought: House Senate Preside	Disbursement Prim Othe		•		
State: District: Full Name (Last, First, Middle I				Transaction ID: 27157944	
Ciro D. Rodriguez For Cor	gress			Date of Disbursement	YYY
Mailing Address PO Box				01 D 2 D / Y Y 2 O	0 8 °
City San Antonio	State TX	Zip Code 78214		Amount of Each Disbursement th	
Purpose of Disbursement			011	100	0.00
Candidate Name Rep. Ciro Rodriguez			Category/ Type		
Office Sought: X House Senate Preside	Disbursement X Prim Othe		•		
State: TX District: 23		. (Spoon)/ V			

		Use separate schedule(s)			R LINE eck only								325
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\stackrel{\cdot}{=}$	21b 27	22 28a	Х	23 28b		24 28c		25 29	26
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Political Action Committee of the Americal	e and address of any political	com	mitte	ee to so	icit conti							
L	Full Name (Last, First, Middle Initial)	<u>'</u>				Trans	acti	on ID): 27 ⁻	1692	76		
١.	New Democrat Coalition PAC (NDC PAC)					Date		sburs				0 ŏ 8	Υ
	Mailing Address 607 14th Street, NW Suite 800					0 1				L			
	City Washington	State Zip Code DC 20005				Amou	int o	Eacl	n Dis	burse	-	this P	-
	Purpose of Disbursement Candidate Name			011 tea	l ory/				•		50	00.00	J
		ement For: Primary General Other (specify)		Гуре									
	Full Name (Last, First, Middle Initial) Friends Of Gayle Harrell							sburs				0 ŏ 8	Y
	Mailing Address 1885 N.W. Eagle Point					0 1		L	23	L		000	
	City Stuart	State Zip Code FL 34994				Amou	int o	f Eacl	n Dis	burse		this P	
	Purpose of Disbursement Candidate Name Mr. Gayle Harrell		Ca	011 tege Γуρе	ory/		•		•			,00.0	,
	X	ment For: 2008 Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Andy Harris For Congress					Trans Date	of Di	sburs	eme				
	Mailing Address PO Box 1527					0 ^M 1	М		2 3		ž	0 0 8	Y
	City Annapolis	State Zip Code MD 21404				Amou	int o	f Eacl	n Dis	burse	ment	this P	eriod
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	Candidate Name Andrew Harris			tego Type	ory/								
	X	ment For: 2008 Primary General Other (specify)											

		Use separate schedule(s)			R LINE eck only		n.			PA	GE	304 /	325
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Political Action Committee of the America	ne and address of any politica	l com	mitte	ee to sol	icit conti							
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	Full Name (Last, First, Middle Initial) Alamo PAC Mailing Address 816 Congress Ave, Suit	e 960				Trans Date		sburs				o ŏ 8	Y
	Frost Bank Plaza City	State Zip Code				Amoi	ınt o	f Each	n Dieł	nirea	mont	this P	oriod
	Austin	TX 78701				AIIIOC	iiit O	Laci	וטוטו	Juisci	Hent	11151	CITOU
	Purpose of Disbursement			011		L.		-	-		10	00.00)
	Candidate Name			tego Typo									
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)					Trans		ID	. 070	1106	21		
	Andy Harris For Congress					Trans Date		sburs	emer			Υ	Υ
	Mailing Address PO Box 1527					0 1		2	29	L	2	8 ö́ 0	
	City Annapolis	State Zip Code MD 21404				Amou	int o	f Each	n Dist	ourse		this P	
	Purpose of Disbursement Candidate Name Andrew Harris		Ca	011	ory/		•	•	•		10	00.00	,
	Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)		Гуре	3								
	Full Name (Last, First, Middle Initial) The Blue Dog PAC					Trans Date	of Di	sburs	emer				
	Mailing Address 227 Massachusetts Ave Suite 101	nue, NE				0 2	М	[′]) 1	/ L	ž	0 ŏ 8	Y
	City Washington	State Zip Code DC 20002				Amou	int o	f Each	n Dist	ourse	-	this P	-
	Purpose of Disbursement			011							50	00.00)
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	Senate President	ement For: Primary General Other (specify)											
_	State: District:						_						

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 305 / 325
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: 27231027 Date of Disbursement
Mailing Address PO Box 775			$\begin{bmatrix}\begin{smallmatrix}M\\02\end{smallmatrix}^M&\begin{smallmatrix}I&D&D\\01\end{smallmatrix}\end{bmatrix}^{I}&\begin{smallmatrix}Y&Y&Y&Y\\2008\end{smallmatrix}^Y$
City Unionville	State Zip Code PA 19375		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Joseph R. Pitts		Category/ Type	
Senate President	x Primary General Other (specify)		
State: PA District: 16			
Full Name (Last, First, Middle Initial) Rogers For Congress			Transaction ID: 27231023 Date of Disbursement
Mailing Address PO Box 581 Post Office Box 581			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
City Brighton	State Zip Code MI 48116		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Michael J. Rogers		Category/ Type	
Senate President	x Primary General Other (specify)		
State: MI District: 08 Full Name (Last, First, Middle Initial)			Transaction ID: 27231026
Mike Honda For Congress			Date of Disbursement
Mailing Address P.O. Box 8180			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City San Jose	State Zip Code CA 95155		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Michael M. Honda		Category/ Type	
Senate President	rrsement For: 2008 X Primary General Other (specify) ▼		
State: CA District: 15			
	al)		3000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		P	AGE 306	325
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 2	24 28b 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	and address of any pointed cor		Sit Continbution	13 HOIH SUCH	COMMITTEC	
Political Action Committee of the American	Association of Orthopaedi	c Surgeons				
Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transaction Date of Disk	n ID: 272310 oursement)24	
Mailing Address PO Box 5458			0 2 4	01	Ž 0 Ŏ 8	3 Y
,	State Zip Code L 62705		Amount of E	Each Disburse	ement this f	Period
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Candidate Name Rep. John M. Shimkus		Category/ Type				
President	ment For: 2008 Primary General Other (specify) ▼					
State: IL District: 19						
Full Name (Last, First, Middle Initial) Tim Walz For Us Congress			Date of Dist			V
Mailing Address PO Box 938			02	0 1 /	žoŏs	3 1
•	State Zip Code MN 56002		Amount of E	Each Disburse		
Purpose of Disbursement		011			2500.0	0
Candidate Name Rep. Timothy Walz	C	Category/ Type				
	ment For: 2008 Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) Gillibrand For Congress			Transaction Date of Disk	n ID: 272310 oursement)21	
Mailing Address P.O. Box 15734			02 4	0 1	žoŏs	B Y
	State Zip Code DC 20003		Amount of E	Each Disburse	ement this I	Period
Purpose of Disbursement		011			2500.0	0
Candidate Name Rep. Kirsten Gillibrand	C	Category/ Type				
Office Sought: X House Senate X President State: NY District: 20	ment For: 2008 Primary General Other (specify)					
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Full Name (Last, First, Middle Initial)				3	Trans	sacti	on IF): 27	2394	L71		
Mike Thompson For Congress					Date 0 2	of D	isbur	seme			0 ŏ 8	Y
Mailing Address 5429 Madison Avenue								•	L	_		
City Sacramento	State Zip Code CA 95841				Amou	ınt o	f Eac	h Dis	burse	-	t this F	
Purpose of Disbursement			011							50	0.000)
Candidate Name Rep. Michael Thompson			teg Type									
Senate President	sement For: 2008 Primary General X Other (specify)											
State: CA District: 01 2008 Full Name (Last, First, Middle Initial)	Congressional G				Trans	sacti	on IF): 27	2394	170		
Majority PAC					Date		isburs	seme			Υ	Υ
Mailing Address 551 Main Street Suite 220					0 2			07	L	2	0 Ď 8	
City Johnstown	State Zip Code PA 15901				Amou	ınt o	f Eac	h Dis	burse		t this F	-
Purpose of Disbursement Candidate Name			011					•		50	0.000)
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Office Sought: House Disbu Senate President State: District:	sement For: Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Coleman For Senate 08					Trans Date	of D	isbur	seme				
Mailing Address 680 Transfer Road Su	te A				0 2	М	/ D	11	ľL	ž	0 Ď 8	Y
City St Paul	State Zip Code MN 55114				Amou	ınt o	f Eac	h Dis	burse	emen	t this F	eriod
Purpose of Disbursement			011		L.	_				2	500.0)
Candidate Name Sen. Norm Coleman			ateg Type	ory/								
X Senate President	sement For: 2008 X Primary General Other (specify) ▼		-									
State: MN District:					_							
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Political Action Committee of the America	an Associati	оп от Оттюрае	aic Si	urgeor	ıs							
Full Name (Last, First, Middle Initial)					Т	ransa	ction ID	273	3076	9		
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Full Name (Last, First, Middle Initial)					T	ransa	ction ID	: 273	3075	8		
Abercrombie For Congress					D	ate of	Disburs	emer	nt			
Mailing Address C/O 1357 Kapiolani Blv	d. Ste. 1005	5				0 2 M	/ D	20	/ Y	žoŏ	8 ^Y	
City	State	Zip Code			A	moun	t of Each	n Disk	oursen	nent this	Perio	od
Honolulu	HI	96814			Г	-			-			
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Candidate Name Rep. Neil Abercrombie			Categ	-								
Senate President	sement For: Control Control	2008 General										
State: HI District: 01												
Full Name (Last, First, Middle Initial) Michael Burgess For Congress					D	ate of	ction ID Disburs	emer		55		
Mailing Address PO Box 2334						0 2	/ D	2 0	/ Y	žoŏ	8	
City	State	Zip Code			А	moun	t of Each	n Disk	oursen	nent this	Perio	od
Denton	TX	76202			Г	-			-	F000	00	
Purpose of Disbursement			01	1	L			•		5000.	υÜ	Ш
Candidate Name Rep. Michael C. Burgess, M.D.			Categ Typ									
Senate President	Primary Other (spe											
<u> </u>							• •			2500	00	
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	y Information copied from such Reports and States for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Political Action Committee of the America	e and address of any politic	al com	nmitt	ee to so	icit contr							
<u> </u>	Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469					Trans Date o		sburs	_			0 ŏ 8	Y
	City Atlanta Purpose of Disbursement	State Zip Code GA 30355			-	Amou	nt of	Each	n Disb	ourser	-	this P	-
	Candidate Name Sen. Saxby Chambliss Office Sought: House Disburs	ement For: 2008	Ca	01 ateg Typ	ory/								
	• 🗎 –	Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469					Trans Date o		sburs				o ŏ 8	Y
	City Atlanta Purpose of Disbursement	State Zip Code GA 30355	Ī	01	1	Amou	nt of	Each	n Disk	ourser	-	this P	-
	Candidate Name Sen. Saxby Chambliss		Ca	ateg Typ	ory/								
	Office Sought: House Disburs X Senate President State: GA District:	ement For: 2008 Primary X General Other (specify)											
	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress					Trans	of Di	sburs	emen			V	W
	Mailing Address 555 Capitol Mall Suite 1	425				0 2	M /	^D 2	2 0	/ L	Ž	0 ŏ 8	
	City Sacramento	State Zip Code CA 95814				Amou	nt of	Each	n Disb	ourser	-	this P	
	Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo		Ca	01 ateg Typ	ory/	<u></u>			•	0	20	00.00)
				713									
	Office Sought: X House Senate President Disburs	ement For: 2008 Primary General Other (specify) Congressional G											

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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee of the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Anna Eshoo For Congress Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814 Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo Office Sought: X House Senate President State: CA District: 14 Full Name (Last, First, Middle Initial) State: CA District: 14 Full Name (Last, First, Middle Initial) Transaction ID: 27330757 Date of Disbursement this Period Senate President State: CA District: 14 Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund Mailing Address 715 Jones Street Suite 101	ITEMIZED DISBURSEMENTS		(check only	/ one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Anna Eshoo For Congress Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814 Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo Office Sought: Y House Senate President State: CA District: 14 Full Name (Last, First, Middle Initial) Amount of Each Disbursement in Category' Type Office Sought: Y 15 Jones Street Suite 101 City Fort Worth TX 76102 Purpose of Disbursement Candidate Name Rep. Kay Granger Office Sought: X House President Senate President Senate President Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330757 Date of Disbursement Disbursement Transaction ID: 27330757 Date of Disbursement Other (specify) ▼ Transaction ID: 27330758 Date of Disbursement Transaction ID: 27330768 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Pering Centeral Date of Disbursement Transaction ID: 27330768 Date of Di		, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) Friends of Patrick J. Kennedy Inc.			Transaction ID: 27330752 Date of Disbursement
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Senate President	rsement For: 2008 X Primary General Other (specify)		
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Mailing Address PO Box 1496			0 2 0 2 0 0 8
City Louisville	State Zip Code KY 40201		Amount of Each Disbursement this Period
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	City East Lansing Purpose of Disbursement	State Zip Code MI 48826			•	Amo	unt o	f Eacl	n Dist	oursen	nent th	-	riod
	Candidate Name Sen. Debbie Stabenow	oursement For 2012	C	01 ate Typ	gory/	-							
	Office Sought: House Disl X Senate President State: MI District:	oursement For: 2012 X Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee Mailing Address P.O. Box 3370					1		isburs		33075 nt		ý 8 [°]	
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	Mailing Address Riverfront Plaza Stat PO Box 200596	ion				0 2	IVI		20	Ĺ	20	o 8 o	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN			R:			PA	AGE	313	/ 32	5
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Full Name (Last, First, Middle Initial) Thorpe For Congress Mailing Address PO Box 546017						Date		isburs				0 0	3 ^Y	
City Miami	State Zip Code FL 33154					Amou	nt o	f Each	ı Di	sburse	men	t this	Perio	od
Purpose of Disbursement	. 2		٥	11							10	0.00	0	
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Office Sought: X House Disbute Senate President State: FL District: 23	x Primary General Other (specify)	•												
Full Name (Last, First, Middle Initial) Goddard For Congress						Date		isburs	em	73307 ent	,	Y	Υ	
Mailing Address P.O. Box 9460						0 2		2	2 0		2	00	3	
City Warner Robins	State Zip Code GA 31095					Amou	nt o	f Each	ı Di	sburse				od
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	State Zip Code						nt o			sburse				
City St. Petersburg	FL 33743					AIIIOU	TIL O	I Eaci	וטו	SDUISE	-	500.0		Ju
Purpose of Disbursement			0	11			-	-			2	300.0	<i>,</i>	
Candidate Name Rep. C.W. Bill Young				egory/ /pe										
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State: FL District: 10 2008	Congressional G					_	_		_					_
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	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Association of Orthopae	dic Surgeon	ns	
Full Name (Last, First, Middle Initial) Price For Congress			Transaction ID: Date of Disburse	ment
Mailing Address P.O. Box 425			02 / 2	6 2008
City Roswell	State Zip Code GA 30077		Amount of Each	Disbursement this Period
Purpose of Disbursement		011		2500.00
Candidate Name Rep. Thomas E. Price, M.D.		Category/ Type		
Senate President	ement For: 2008 Primary General Other (specify)			
State: GA District: 06 2008 (Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Congressional G		Transaction ID: Date of Disburse	
Mailing Address PO Box 112			02 / 2	6 2008
City Burlingame	State Zip Code CA 94011		Amount of Each	Disbursement this Period
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Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Commit	•		Transaction ID: Date of Disburse	
Mailing Address 120 Maryland Avenue,	NE		03 1	1 2008
City Washington	State Zip Code DC 20002		Amount of Each	Disbursement this Period
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Collins For Senator Mailing Address PO Box 1096 City Senate President State Zip Code ME 0.4402 Purpose of Disbursement Candidate Name Sen. Susan M. Collins Office Sought: Versident State President State: MD District: Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress Mailing Address 22 West Padonia Road Suite C-141 City State Zip Code Disbursement Ton: 2008 Milling Address 22 West Padonia Road Suite C-141 Cardidate Name Rep. C.A. Dutch Ruppersberger Office Sought: X House Disbursement For: 2008 President State: MD District: 02 Disbursement For: 2008 Primary X General President Senate President Simpson Office Sought: X House President Senate Pres	IT	EMIZED DISBURSEMENT	5				È	21b	22	Х		\square		П		
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	Full Name (Last, First, Middle Initial) Moran For Congress Mailing Address 311 North Washington 9	Stroot				Trans Date						0 ŏ 8	Y
	Suite 200l												
	City Alexandria	State Zip Code VA 22314				Amou	int o	f Each	n Disk	ourse	-	this P	-
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	Candidate Name Rep. James P. Moran		Ca	01 ⁻ ateg Typ	ory/								
		ement For: 2008 Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) BRIDGE PAC					Trans Date	of Di	sburs	emer	nt			
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	Full Name (Last, First, Middle Initial) Adler For Congress					Trans		-			54		
	Mailing Address 14 Knightswood Drive					0 3	М	/ D	1 4	/ Y	ž	8 0̈́ 0	Y
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•	Earl Pomeroy For Congress							-		. — . •		0 Ý 8	Υ
	Mailing Address P.O. Box 9336					0 3		L	1 /	L	. 2	0 0 8	
	City Fargo	State Zip Code ND 58106				Amou	ınt o	f Eacl	h Dis	burse	-	this P	
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	Mailing Address 7804 Evening Lane					0 3	М	/ D	1 ^D	/ Y	ž	0 Ď 8	Y
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	Full Name (Last, First, Middle Initial) Nick Leibham For Congress							Date		ion ID				Υ ,	7
_	Mailing Address 425 W 5th Avenue Suite 205							0 ^M 3				L	ž o		
E	Dity Escondido	State CA	Zip Code 92025					Amou	ınt o	f Each	n Disb	oursen	nent th	-	-
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N	Mailing Address 7370 Manchester Rd	Ste 20						0 ^M 3	М	/ D	1 7	/ Y	ž o	Ď 8 Ì	1
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	Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Buildin Diversity PAC (CHC BOLD PAC)	g Our Leade	ership					Date	of D	ion ID isburs	emen		1		
_	Mailing Address 1831 Bay Street, SE							0 ^M 3	М	/ D	1 7	/ Y	ž o	ŏ 8 `	
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A .	Full Name (Last, First, Middle Initial) Right Track PAC							Date	of D	isburs	eme	427014 ent		
	Mailing Address PO Box 17325							0 ^M 3	М	/ D 1	7	/ Y	žοŏε	B ^Y
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В.	Full Name (Last, First, Middle Initial) Gingrey For Congress									on ID		438152 ent		
	Mailing Address PO Box U							0 ^M 3	М	/ D	8	/ Y	ž 0 ŏ 8	B Y
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_	State: GA District: 11													
C.	Full Name (Last, First, Middle Initial) David Scott For Congress							Date	of D	isburs	eme			
	Mailing Address P.O. Box 960821							0 ^M 3	М	/ D	8	/ Y	ž 0 ŏ 8	B ^Y
	City Riverdale	State GA	Zip Code 30296				,	Amou	int o	f Each	n Dis	burseme		
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	Friends Of Mary Landrieu Inc					Date		sburs	emen	38154 t /		Y
	Mailing Address 607 14th Street Nw Suite 1434					0 ^M 3			8		ž 0 ŏ 8	
	City Washington	State Zip Code DC 20005				Amou	int of	Each	Disb		ent this I	
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	City Washington	State Zip Code DC 20002				Amou	int of	Each	Disb		ent this I	
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	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress					Date	of Di	sburs	emen			
	Mailing Address 19 Cattano Ave					0 3	М	D 2	2 0	/ Y	ž 0 ŏ 8	3 ^Y
	City Morristown	State Zip Code NJ 07960				Amou	int of	Each	Disb	urseme	ent this	Period
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Political Action Committee of the	American Associat	tion of Orthopa	edic Surgeon	s
Full Name (Last, First, Middle Initial)				Transaction ID: 27493396
Al Green For Congress				Date of Disbursement
Mailing Address P.O. Box 20174 Suite 321				03
City Houston	State TX	Zip Code 77225		Amount of Each Disbursement this Period
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Candidate Name			011 Category/	
Rep. Al Green			Type	
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Full Name (Last, First, Middle Initial) Sheila Jackson Lee For Congress				Transaction ID: 27493402
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Mailing Address 4412 Almeda				03 03 7 20 7 2008
City Houston	State TX	Zip Code 77004		Amount of Each Disbursement this Perio
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Candidate Name Rep. Sheila Jackson Lee			Category/ Type	
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Full Name (Last, First, Middle Initial) Brady For Congress				Transaction ID: 27493401 Date of Disbursement
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Mailing Address PO Box 225		03
City Colonia	State Zip Code NJ 07067	Amount of Each Disbursement this Perio
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Candidate Name Leonard Lance	Categ Typ	,
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Full Name (Last, First, Middle Initial) Andy Harris For Congress		Transaction ID: 27558326 Date of Disbursement
Mailing Address PO Box 1527		03
City Annapolis	State Zip Code MD 21404	Amount of Each Disbursement this Period
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Candidate Name Andrew Harris	Categ Typ	
Senate	ement For: 2008 Primary General Other (specify)	
	ongressional G	
Full Name (Last, First, Middle Initial) Jeanne Shaheen For Senate		Transaction ID: 27573194 Date of Disbursement
Mailing Address PO Box 1510		03
Manchester	State Zip Code NH 03105	Amount of Each Disbursement this Perio
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